

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7001

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>JOSEPH GEORGROPOLOUS</b>			2. DATE OF DEATH <b>July 23, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Baltimore City Morgue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>606 E. Baltimore Street</b>			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>5-4-</b>		9. AGE (in years last birthday) <b>54</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>		11. BIRTHPLACE (State or foreign country) <b>Greece</b>
13. FATHER'S NAME <b>Stavros</b>			14. MOTHER'S MAIDEN NAME <b>unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>214-01-9800</b>		17. INFORMANT ADDRESS _____

18. <b>581.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Fatty liver</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B) Cirrhosis of the liver</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *William W. Lambros* 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **July 23, 1952**

24A. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7-25-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Greek Cemetery, Balto.</b>	24D. LOCATION (City, town, or county) (State) <b>Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 25 1952</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, M.D. Lambros Inc 440 E. North Ave</b>	

39064

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

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UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

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CERTIFICATE CORRECTED 7/23/52 ES

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 52 7002

BIRTH NO. 7002

1. NAME OF DECEASED (Type or Print) <b>EARL C. MONEY</b>		2. DATE OF DEATH <b>July 23, 1952</b>	
3. PLACE OF DEATH: a. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>VIRGINIA</b> b. COUNTY <b>Rt 2 Box 232</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <b>20 N. Harrison Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>10/26/1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Building Supt.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>	9. AGE (In years last birthday) <b>53</b>
13. FATHER'S NAME <b>William W. Money</b>		11. BIRTHPLACE (State or foreign country) <b>Washington D.C.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
16. SOCIAL SECURITY NO. <b>579-05-7297</b>		14. MOTHER'S M maiden name <b>Ella Murphy</b>	
17. INFORMANT ADDRESS <b>Does Funeral Home - Arlington, Va.</b>			

18. **581.0 I** CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fatty liver**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER.....

23c. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER.....

**July 24, 1952**

MEDICAL INVESTIGATOR.....

24a. BURIAL CREMATION (REMOVAL) (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

By phone from Medical Examiners Office

from Police Report





160  
52 7004BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7004  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MAGDALENA KAER</b>		2. DATE OF DEATH <b>July 23, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>life</b>		D. STREET ADDRESS (If rural, give location) <b>508 S. Macon Street - 24</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 29, 1884</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Own home.</b>	
11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>John Markel</b>		14. MOTHER'S MAIDEN NAME <b>Katherine ?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Mr. Harry Rea Kaer</b>		ADDRESS <b>508 S. Macon Street 24</b>	

18. **433.1 and E 931.9**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Heat Stroke**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_  
DUE TO(C) **Auricular Fibrillation & Hypertension**II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 23, 1952**, to **July 23, 1952**, that I last saw the deceased alive on **July 23, 1952** and that death occurred at **10:30 PM**, from the causes and on the date stated above.

23A. SIGNATURE <b>J. W. Kramer</b>	23B. ADDRESS <b>1400 N. Caroline Street - 13</b>	23C. DATE SIGNED <b>July 23, 1952</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>7/28/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 25 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>	

VS 150

N-981X

*Henry Sander*

NOV 20 1964

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C. 20250

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OFFICE OF THE DIRECTOR

PLANT INDUSTRY

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7005

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Florence R. Eckard

2. DATE  
OF  
DEATH

July 24th., 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION 40I E. Lanvale Street4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
A. STATE Maryland B. COUNTY CityC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

40I E. Lanvale Street

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 13, 1876

9. AGE (in years  
last birthday)

76

If Under 1 Year  
Months: Days: If Under 24 Hours  
Hours: Min.

0 II

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

John E. Adams

14. MOTHER'S MAIDEN NAME

Mary C. Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL  
SECURITY NO.  
None

17. INFORMANT

ADDRESS

Mrs. Alice Sindall-40I E. Lanvale Street

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Coronary Occlusion  
DUE TO

9 hours

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Arteriosclerotic Cardio-Vascul.  
DUE TO(C) 1st Disease  
5 yrs

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 7-23, 1952, to 7-24, 1952, that I last saw the  
deceased alive on 7-23, 1952, and that death occurred at 34 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7-26-1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

E. North Avenue, Balto: Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc.-1735 Harford Avenue

DECLARATION OF DEATH

1. Name of deceased		2. Date of death	
3. Place of death		4. Cause of death	
5. Name of declarant		6. Signature of declarant	
7. Name of witness		8. Signature of witness	
9. Name of physician		10. Signature of physician	
11. Name of funeral director		12. Signature of funeral director	
13. Name of cemetery		14. Signature of cemetery	
15. Name of registrar		16. Signature of registrar	
17. Name of registrar		18. Signature of registrar	
19. Name of registrar		20. Signature of registrar	
21. Name of registrar		22. Signature of registrar	
23. Name of registrar		24. Signature of registrar	
25. Name of registrar		26. Signature of registrar	
27. Name of registrar		28. Signature of registrar	
29. Name of registrar		30. Signature of registrar	
31. Name of registrar		32. Signature of registrar	
33. Name of registrar		34. Signature of registrar	
35. Name of registrar		36. Signature of registrar	
37. Name of registrar		38. Signature of registrar	
39. Name of registrar		40. Signature of registrar	
41. Name of registrar		42. Signature of registrar	
43. Name of registrar		44. Signature of registrar	
45. Name of registrar		46. Signature of registrar	
47. Name of registrar		48. Signature of registrar	
49. Name of registrar		50. Signature of registrar	
51. Name of registrar		52. Signature of registrar	
53. Name of registrar		54. Signature of registrar	
55. Name of registrar		56. Signature of registrar	
57. Name of registrar		58. Signature of registrar	
59. Name of registrar		60. Signature of registrar	
61. Name of registrar		62. Signature of registrar	
63. Name of registrar		64. Signature of registrar	
65. Name of registrar		66. Signature of registrar	
67. Name of registrar		68. Signature of registrar	
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73. Name of registrar		74. Signature of registrar	
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81. Name of registrar		82. Signature of registrar	
83. Name of registrar		84. Signature of registrar	
85. Name of registrar		86. Signature of registrar	
87. Name of registrar		88. Signature of registrar	
89. Name of registrar		90. Signature of registrar	
91. Name of registrar		92. Signature of registrar	
93. Name of registrar		94. Signature of registrar	
95. Name of registrar		96. Signature of registrar	
97. Name of registrar		98. Signature of registrar	
99. Name of registrar		100. Signature of registrar	

52 7006  
Registered No. \_\_\_\_\_

2. DATE  
OF  
DEATH July 24, 1952

1510 E. Oliver Street

17. INFORMANT	ADDRESS
Mr. Fred C. Hallameyer-	#3325 Shannon Dr.

ADDRESS

VS 150

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RECEIVED THE CHIEF OF POLICE

1008

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52 7007BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7007  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Cleveland Gordon

2. DATE  
OF  
DEATH

7/24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2101 W. Coldspring Lane

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

5/15/1904

9. AGE (in years  
last birthday)

48

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR  
INDUSTRY

PACKERS

11. BIRTHPLACE (State or foreign country)

VA.

12. CITIZEN OF  
WHAT COUNTRY?

USA.

13. FATHER'S NAME

THOMAS GORDON

FATHER

14. MOTHER'S MAIDEN NAME

VICTORIA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

212-12-7718

17. INFORMANT

ADDRESS

ADDIE PARKER 426 E 21ST ST.

18. 450.01

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerosis-Generalized

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Myocardial Failure

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial Failure

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1952, to July 24, 1952, that I last saw the  
deceased alive on July 24, 1952, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert L. Banfield M. D.

23B. ADDRESS

722 N. Fulton Ave

23C. DATE SIGNED

7/24/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

7/28/52

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVERY

24D. LOCATION (City, town, or county)

BROOKLYN, MD.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR'S

Charles A. Rice

ADDRESS

661 W. Barne

1007 81

RECEIVED BY THE  
OFFICE OF THE  
SECRETARY OF THE  
NAVY

1007 81

1007 81



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7008  
Registered No.

BIRTH NO. 52 7008

1. NAME OF DECEASED (Type or Print) <b>LACK, MR. LUDWIG</b>			2. DATE OF DEATH <b>7/24/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Church Home &amp; Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore ESSEX 53-00</b>		
6. Length of stay in Baltimore <b>31</b>			D. STREET ADDRESS (If rural, give location) <b>801 Woodward Drive</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>June 30, 1908</b>	9. AGE (In years last birthday) <b>44</b>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Highway</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>	
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <b>Mr. Ludwig Lack</b>		
14. MOTHER'S MAIDEN NAME <b>Regina Spottel</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>Church Home &amp; Hospital</b>		

18. <b>241X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>—</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Myocardial insufficiency</b> DUE TO <b>Bronchial asthma</b> DUE TO		<b>2 mo.</b> <b>8 yrs.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>—</b>		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7/22/52</b> , 19 <b>52</b> , to <b>7/24</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7/24</b> , 19 <b>52</b> , and that death occurred at <b>9:40 P. M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>David F. Dawson</b>		23B. ADDRESS <b>Church Home &amp; Hospital</b>		23C. DATE SIGNED <b>7/24/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7-28-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto City Md.</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, Mr. John S. Connelly</b>		ADDRESS <b>Essex Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 25 1952</b>		VS 150 <b>97024</b>			

STATE OF NEW YORK  
IN SENATE  
January 10, 1907.  
REPORT  
OF THE  
COMMISSIONERS OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION  
PASSED BY THE SENATE  
MAY 10, 1906.  
ALBANY:  
J. B. LIPPINCOTT & CO. PRINTERS.  
1907.

145  
52 7009Scheiblein  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7009

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

avis Shiebles

2. DATE  
OF  
DEATH23 July 1952  
9:30 p.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1200 Valley St

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Little Sisters of the Poor

C. Length of stay in Baltimore

5 yrs

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 30, 1863

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

89

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Clarke

14. MOTHER'S MAIDEN NAME

Barry Eckman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Chronic Myocarditis

INTERVAL BETWEEN  
ONSET AND DEATH

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO

Arterio Sclerosis

5 yrs

(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to July 23, 1952, that I last saw the  
deceased alive on July 20, 1952, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

C. G. Gill Hall M.D.

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

July 23-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial  
DATE RECEIVED BY  
LOCAL REGISTRARJuly 25/52  
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 25 1952

Huntington Williams, M.D.

Rita Wiedefeld 900 E. Biddle St



460  
52 7010

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7010

Registered No. \_\_\_\_\_

BIRTH NO. _____	
1. NAME OF DECEASED (Type or Print) <i>Gertrude Taylor</i>	
2. DATE OF DEATH <i>July 22, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <i>609 W. West Street</i>	
C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>609 W. West Street</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	
8. DATE OF BIRTH <i>About 1877</i>	9. AGE (In years last birthday) <i>About 75</i>
10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <i>housewife</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>	
11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	
12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>Thurston</i>	
14. MOTHER'S MAIDEN NAME _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Mayor &amp; City Council Records</i>	
ADDRESS _____	
18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertension</i> DUE TO (B) _____ (C) _____	
INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>?</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____	
19A. DATE OF OPERATION <i>0</i>	
19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <i>July 20, 1952</i> , to <i>July 22, 1952</i> that I last saw the deceased alive on <i>July 22, 1952</i> and that death occurred at <i>8:14</i> m., from the causes and on the date stated above.	
23A. SIGNATURE <i>Harry Chapman</i>	
23B. ADDRESS <i>753 W. Spitzer St.</i>	
23C. DATE SIGNED <i>July 24, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	
24B. DATE <i>7/25/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Carmel Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 25 1952</i>	
REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Mr. Cook Inc.</i>	
ADDRESS <i>1217 St. Paul Street</i>	

MEDICAL CERTIFICATION

ATTACHED TO HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

George Washington  
K. Johnson

George Washington  
K. Johnson

George Washington  
K. Johnson

520  
52 7011BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7011

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James George Coomes

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION Crawford Retreat  
2117 Dennison Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

717 W. Lennox Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 1, 1881

9. AGE (In years

last birthday)

70

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William H. Coomes

14. MOTHER'S MAIDEN NAME

Margaret Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
218-10-4524

17. INFORMANT

ADDRESS

Mrs. John P. Griest, Fawn Grove, Penna.

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Ischemic Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C) DUE TOArteriosclerosis  
Hypertension, C.V. Disease  
Pneumonia

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

1D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1952, to July 22, 1952, that I last saw the deceased alive on July 23, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. S. Needle

M. D.

23B. ADDRESS

731X - N. Nantz Tr.

23C. DATE SIGNED

7/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

7/26/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Parkville,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

JUL 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D., M. Cook, D.C.

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7012  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Carmela Restivo</b>			2. DATE OF DEATH <b>July 25, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>310 W. Biddle Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>310 W. Biddle Street</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>May 3, 1879</b>	9. AGE (In years last birthday) <b>73</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Nicasio Laprinice</b>			14. MOTHER'S MAIDEN NAME <b>Iena</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Casey Restivo, 310 W. Biddle Street</b>		

18. <b>422.1 and E931.9</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Heart Exhaustion</b> <b>arteriosclerotic cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) <b>Heart Exhaustion</b> (B) <b>arteriosclerotic cardiovascular disease</b> (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Heart Exhaustion</b>		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1952 to July 25, 1952, that I last saw the deceased alive on July 25, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE <b>Dr. H. C. Harrison</b>		23B. ADDRESS <b>605 Falls Rd.</b>		23C. DATE SIGNED <b>7/24/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>7/28/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 25 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>St. M. Corp., Inc.</b>	ADDRESS <b>1217 St. Paul Street</b>
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NOT A MEDICAL EXAMINER'S CASE

*William C. Spence* M.D.  
CHIEF OR ASST. MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7013  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

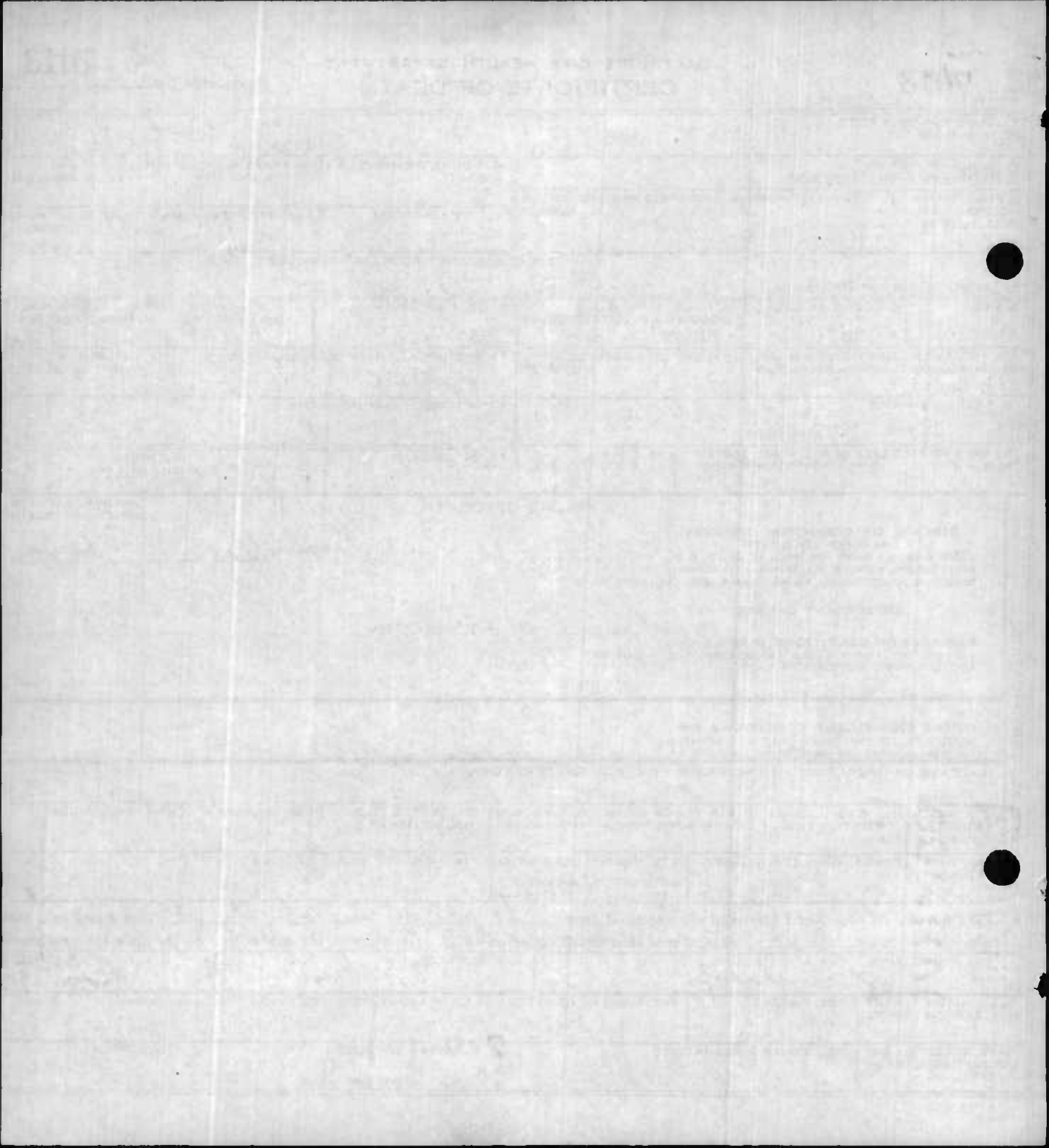
1. NAME OF DECEASED (Type or Print) <b>Lorette M. DeJoy</b>			2. DATE OF DEATH <b>July 24, 1952</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>707 E. Chase Street</b>			c. CITY OR TOWN (If outside corporate limits, include RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) <b>707 E. Chase Street</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 7, 1892</b>	9. AGE (In years last birthday) <b>70</b>	10. Under 1 Year Months: _____ Days: _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		
11. BIRTHPLACE (State or foreign country) <b>Brooklyn, New York</b>			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME <b>George T. Bonsal</b>			14. MOTHER'S MAIDEN NAME <b>--</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <b>William F. DeJoy, 707 E. Chase Street</b>			ADDRESS _____		

18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  <b>ANTECEDENT CAUSES</b>  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <b>cerebral hemorrhage</b> DUE TO _____ (B) <b>hypertension</b> DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>?</b>
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19a. DATE OF OPERATION <b>0</b> 19b. MAJOR FINDINGS OF OPERATION _____	

20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	21d. TIME (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **21 July, 1952** to **23 July, 1952**, that I last saw the deceased alive on **23 July, 1952**, and that death occurred at **8 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>S. Williams</b>	23b. ADDRESS <b>714 E. Pruden St</b>	23c. DATE SIGNED <b>7/25/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>7/26/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, Mort. &amp; Crem. Co., Inc.</b>
26. ADDRESS <b>1217 St. Paul Street</b>		



616  
52 7014BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7014  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anne R. Farber			2. DATE OF DEATH July 23, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Edgewood Nursing Home 6000 Bellona Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1600 Calvert Street		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH About 1862	9. AGE (In years last birthday) 80	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Carroll County, Maryland	
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Charles T. Reifsnnyder		
14. MOTHER'S MAIDEN NAME Pettie Smith			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Richard Riggs, Owings Mills, Maryland		

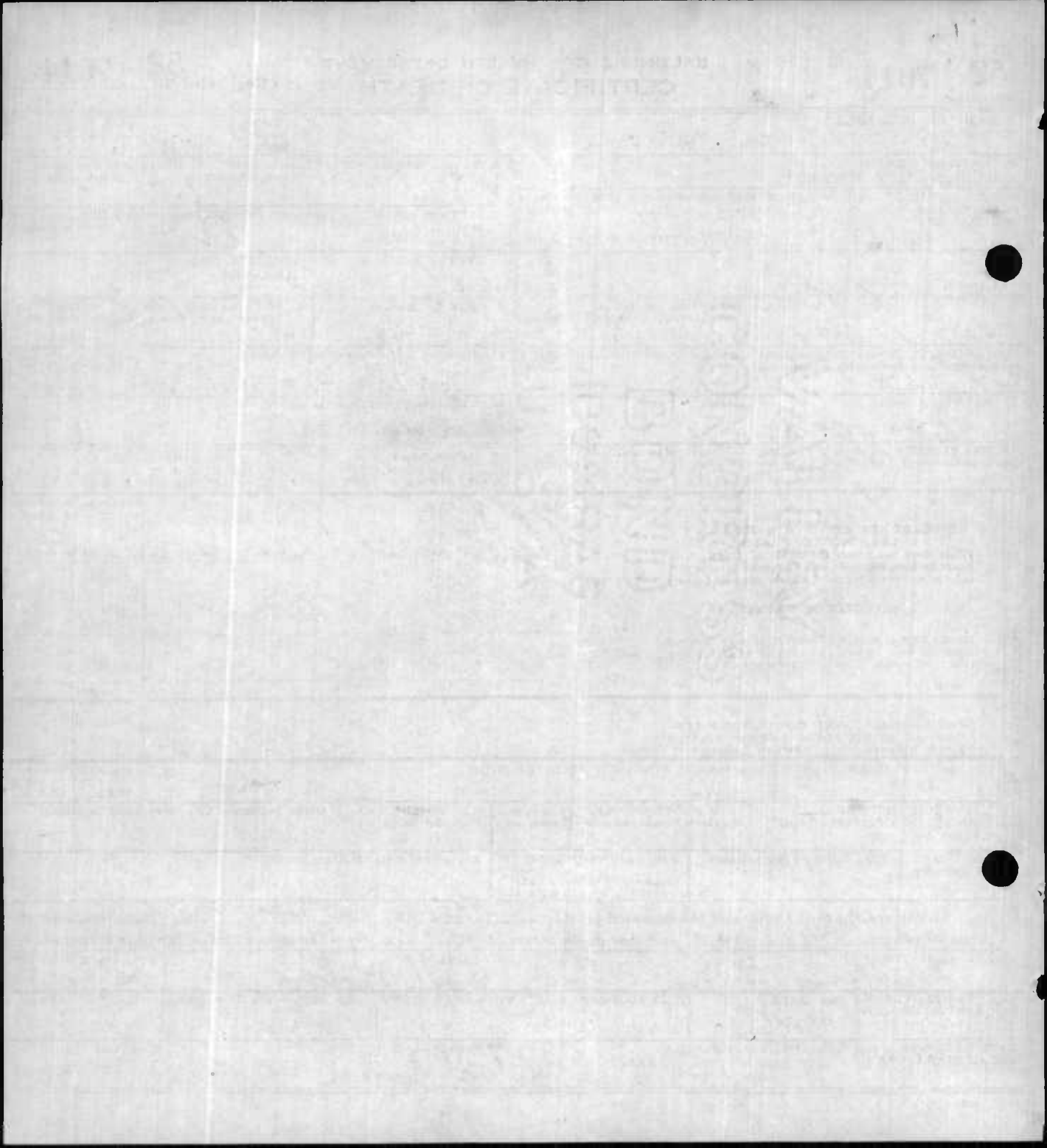
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Anterior schottic Cordis - Vascular disease (B) (C)	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) F. INJURY	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19, to July, 1952, that I last saw the deceased alive on July 23, 1952, and that death occurred at 10:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE William G. Kelsch	23B. ADDRESS M. D. 5006 Roland Ave	23C. DATE SIGNED July 25, 52
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 7/26/52	24C. NAME OF CEMETERY OR CREMATORY Westminster Cemetery
24D. LOCATION (City, town, or county) Westminster, Maryland		24E. FUNERAL DIRECTOR ADDRESS Wm. Cook & Co. Inc. 1217 St. Paul Street

DATE RECEIVED BY LOCAL REGISTRAR JUL 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm. Cook & Co. Inc. 1217 St. Paul Street
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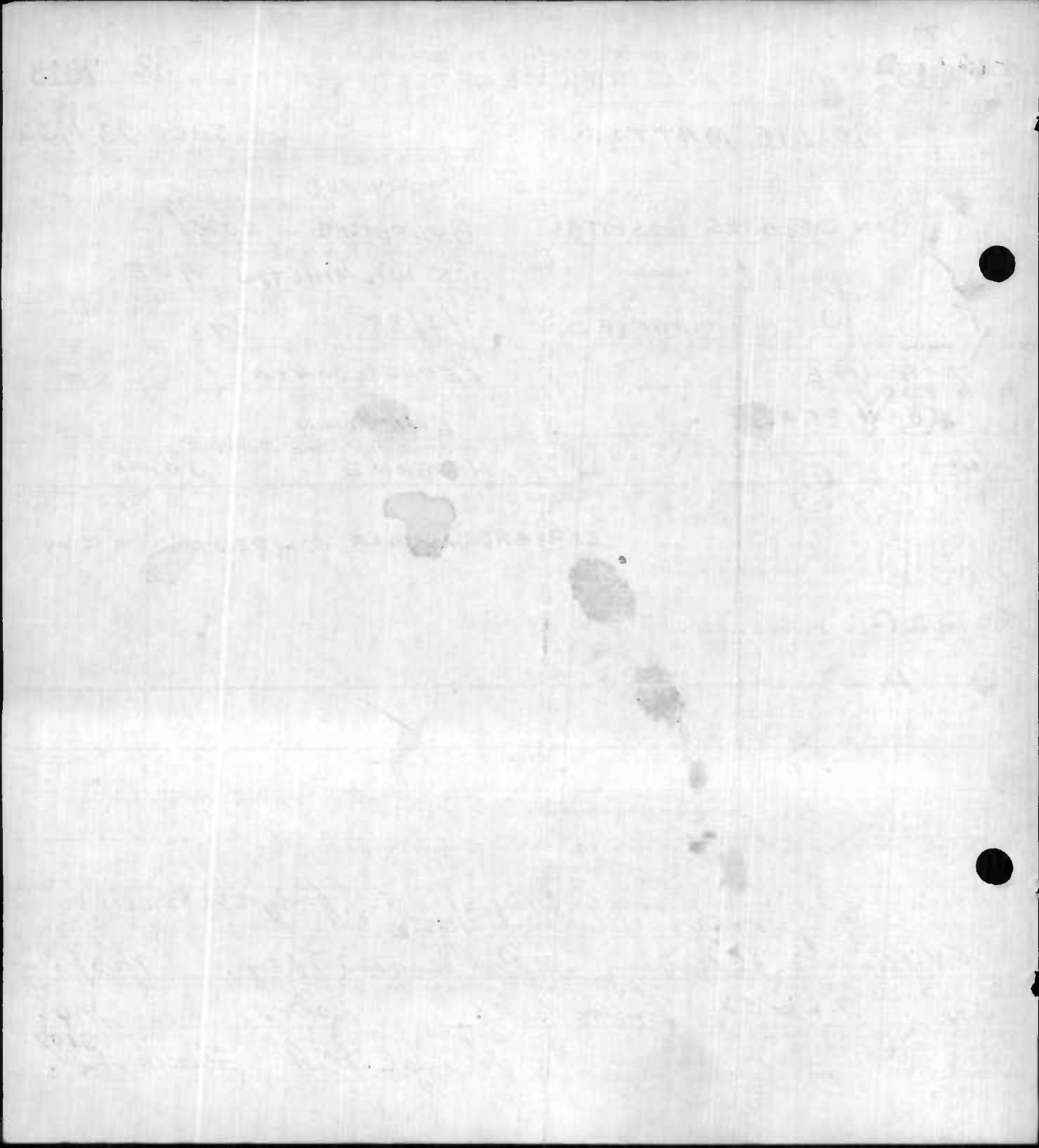
**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7015**

**320**  
**52 7015**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MOLLIE MATTHEWS</b>			2. DATE OF DEATH <b>JULY 23, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>25-52</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>BON SECOURS HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE - 23rd.</b>		
5. LENGTH OF STAY IN BALTIMORE <b>40 years</b>			D. STREET ADDRESS (If rural, give location) <b>905 WILMINGTON AVE.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>1/2/88</b>		9. AGE (In years last birthday) <b>64</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>PENNSYLVANIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>JOHN EKAS</b>			14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>MR. John Matthews</b> ADDRESS <b>HUSBAND SAME</b>		

1B. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CEREBRO-VASCULAR ACCIDENT</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>7/26/52</b>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 21, 1952</b> to <b>July 23, 1952</b> , that I last saw the deceased alive on <b>July 23, 1952</b> , and that death occurred at <b>10:55 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>William A. Pillsbury</b>		23B. ADDRESS <b>Bon Secours Hosp.</b>		23C. DATE SIGNED <b>7/23/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7-26-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>London Park</b>	
24D. LOCATION (City, town, or county) <b>Balto.</b>		24E. LOCATION (City, town, or county) <b>Balto.</b>		24F. LOCATION (City, town, or county) <b>Balto.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 25 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Henry E. Dill</b>	
				ADDRESS <b>Fredk Ave.</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7016**

BIRTH NO. **701652-04774**

1. NAME OF DECEASED (Type or Print) <b>BEVERLY HEBRON</b>			2. DATE OF DEATH <b>July 22, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIVERSITY HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 13-03</b>		
6. Length of stay in Baltimore <b>LIFE</b>			D. STREET ADDRESS (If rural, give location) <b>2422 MADISON AVE</b>		
5. SEX <b>F.</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>MAR 2, 1952</b>	9. AGE (In years last birthday) <b>4</b>	If Under 1 Year: Months: Days; If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT.</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MD.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>CLARENCE HEBRON</b>			14. MOTHER'S MAIDEN NAME <b>MARGARET BOND</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>MOTHER SAME</b>		

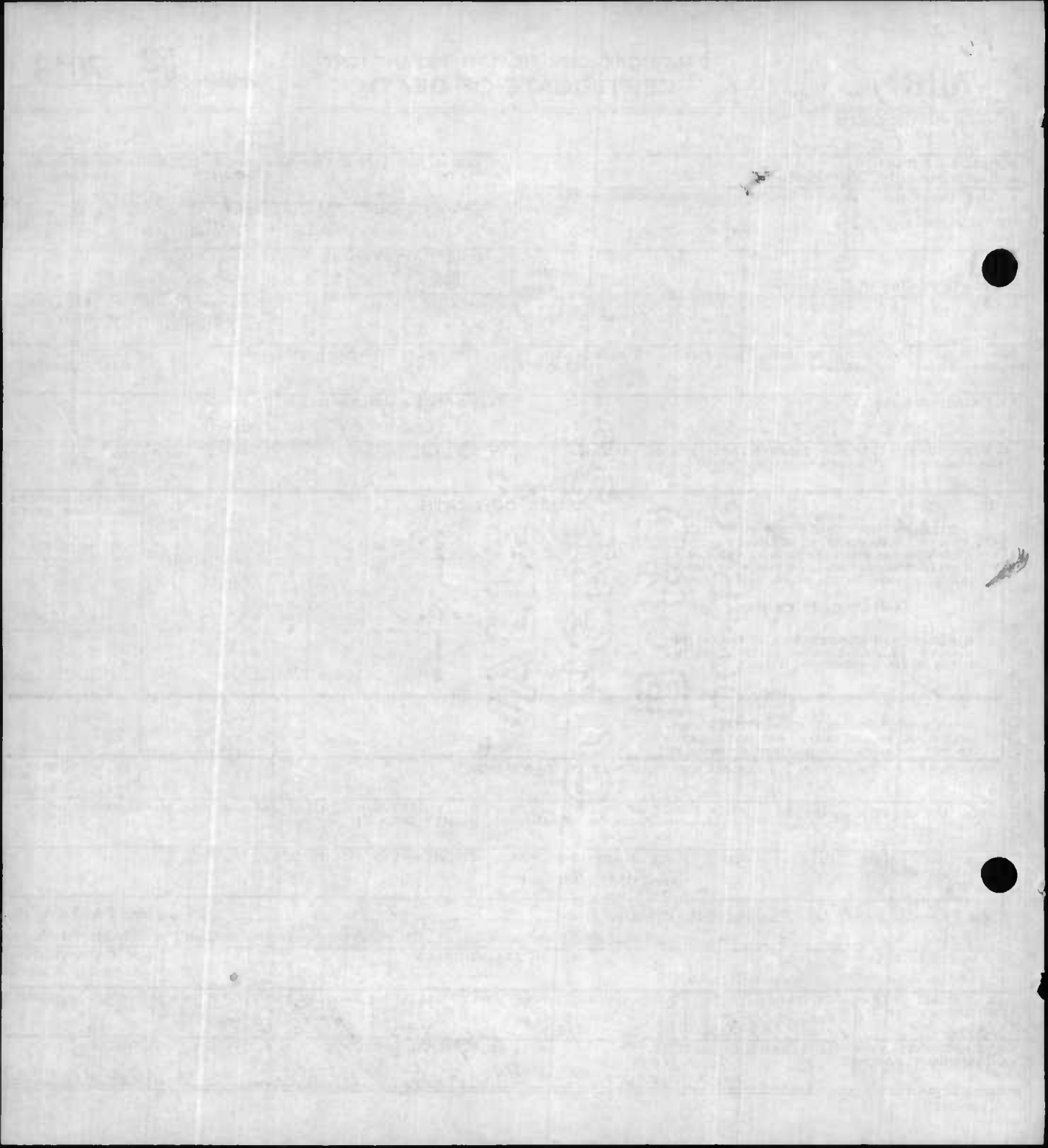
18. <b>571.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>HYPER PYREXIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 HRS</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>DIARRHEA-ACIDOSIS</b>		<b>30 HRS</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>POSS. PNEUMONIA</b>		<b>24 HRS</b>

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., home or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **7/22/1952**, to **7/22/1952**, that I last saw the deceased alive on **7/22/1952**, and that death occurred at **7:44 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Raymond J. Command** M. O. **University Hospital** 23C. DATE SIGNED **7/22/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/25/1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St. Luke's Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>SUL 25 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, Jr.</b>	25. FUNERAL DIRECTOR <b>Mrs. Kate R. Williams, Schwaner St.</b>	



AB-161298

52 7017

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7017

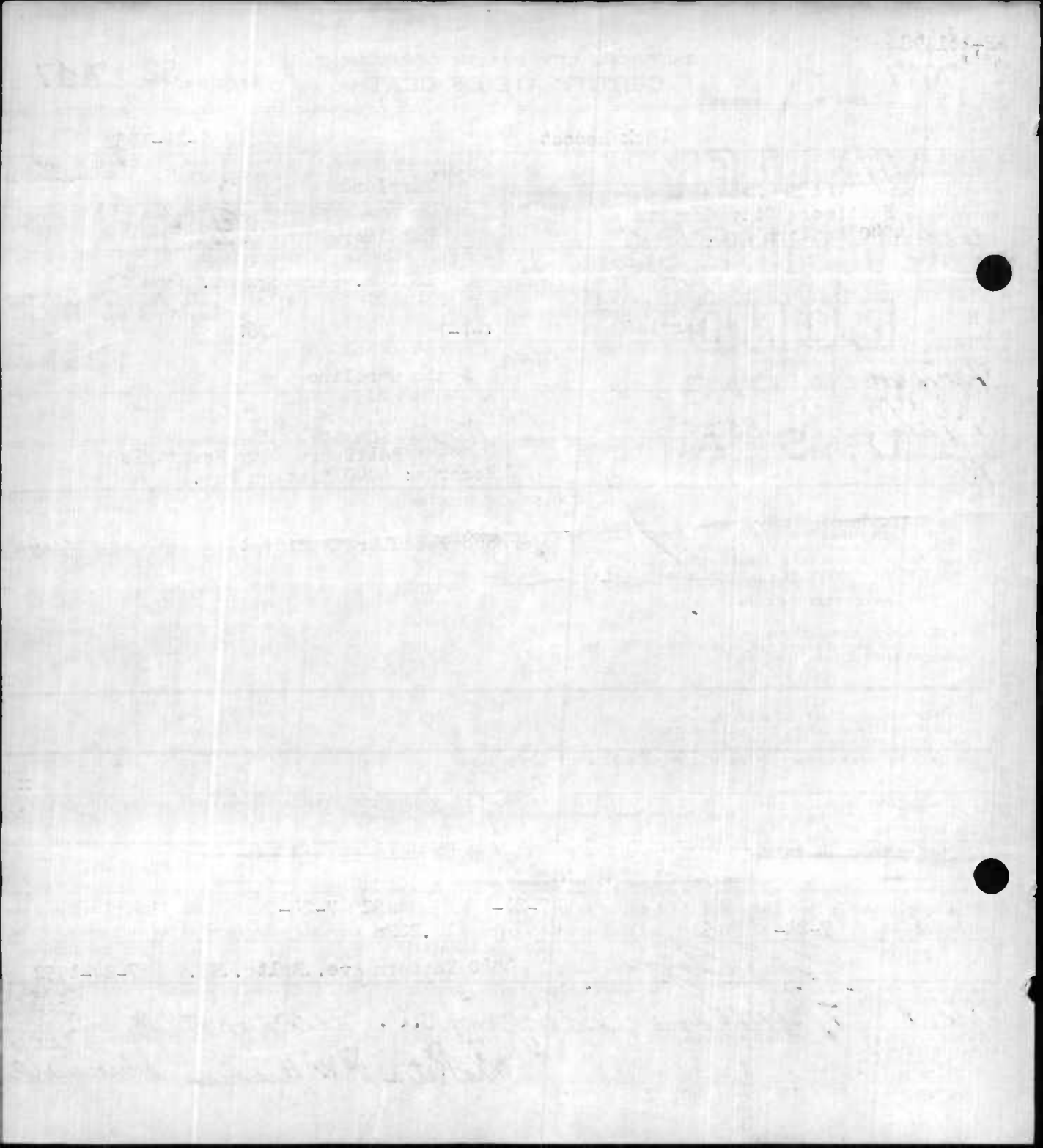
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Dock Becoat</b>			2. DATE OF DEATH <b>7-24-1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
5. LENGTH OF STAY IN BALTIMORE <b>40yrs</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1836 W. Saratoga St. zone 23</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>N</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-7-7</b>	9. AGE (In years last birthday) <b>76</b>	10. Under 1 Year Months: Days: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common</b>			11. BIRTHPLACE (State or foreign country) <b>South Carolina</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Phillip Becoat</b>			14. MOTHER'S MAIDEN NAME <b>Henrietta</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Ave.</b>					

18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebro vascular Accident</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>5days</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7-21</b> , 19 <b>52</b> , to <b>7-24</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7-24</b> , 19 <b>52</b> , and that death occurred at <b>12.20Pm</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>P.B. Bogen</b> M. D.		23B. ADDRESS <b>4940 Eastern Ave., Balto., Md.</b>		23C. DATE SIGNED <b>7-24-1952</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>7/25/1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Darlington S.C.</b>	24D. LOCATION (City, town, or county) (State) <b>Darlington S.C.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 25 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Miss Peter R Williams</b>	ADDRESS <b>3224 Schuylkill</b>



250  
52 7018  
BIRTH NO.LAWSON  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7018

1. NAME OF DECEASED (Type or Print) <i>Archer Lawson</i>			2. DATE OF DEATH <i>July 22, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 16-02</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>609 N. Calhoun St.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>- - - 67</i>	9. AGE (In years last birthday) <i>85</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Assen Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>✓</i>
13. FATHER'S NAME <i>Charles Lawson</i>			14. MOTHER'S MAIDEN NAME <i>Sarah</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Broncho. Pneumonia</i> DUE TO (B) <i>Generalised Cachexia</i> DUE TO (C) <i>Carcinoma of Stomach</i>	INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs</i> <i>1 month</i> <i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Perineal Prostatectomy</i>		<i>3 weeks</i>

19A. DATE OF OPERATION <i>6/23/52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Benign Prostatic Hypertrophy</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-20, 1952*, to *7-22, 1952*, that I last saw the deceased alive on *7-22, 1952*, and that death occurred at *10:35 Pm.*, from the causes and on the date stated above.

23A. SIGNATURE <i>John U. Miller</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>7/24/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/26/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn Cem</i>	24D. LOCATION (City, town, or county) (State) <i>Balto, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 25 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Ms. Kate R. Williams</i>	ADDRESS <i>Schroeder St</i>

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456  
52 7019  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7019

1. NAME OF DECEASED (Type or Print) <i>Laura Flamon</i>		2. DATE OF DEATH <i>7/24/1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1212 PENNA. AVE</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1212 PENNA. AVE</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>7/19/1895</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>57</i>
13. FATHER'S NAME <i>George Galloway</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Alveta ?</i>	
17. INFORMANT <i>Elizabeth Lewis</i>		ADDRESS <i>1212 Penn. Ave.</i>	

18. <i>159X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Generalized Carcinomatosis</i> DUE TO (B) <i>Carcinoma of G.I. tract.</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Chronic ulcer of rt. Leg.*

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 18, 1952* to *July 24, 1952*, that I last saw the deceased alive on *July 23, 1952*, and that death occurred at *8:15 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>John J.</i>	23B. ADDRESS <i>1225 Penn. Ave.</i>	23C. DATE SIGNED <i>7/25/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/28/1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>W. H. Green A.C.M.</i>	24D. LOCATION (City, town, or county) (State) <i>Consolidated Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 25 1952</i>		25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>	
REGISTRAR'S SIGNATURE <i>W. H. Green</i>		ADDRESS <i>322 N. ...</i>	

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

THE STATE PRINTING OFFICE

1901

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7020**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Joseph W. Belcher</b>			2. DATE OF DEATH <b>July 24, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Melchor Nursing Home 2327 N. Charles Street</b>			C. CITY OR TOWN (If outside corporate limits, give full name of town, village, or hamlet) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>9</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>5819 Halwyn Ave</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 31, 1853</b>		9. AGE (In years last birthday) <b>99</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Printer</b>			11. BIRTHPLACE (State or foreign country) <b>Patterson N. J.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>John Belcher</b>			14. MOTHER'S MAIDEN NAME <b>?</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Joseph W. Belcher, Jr. 416 Rosebank Ave</b>		

18. <b>450.0 and 177 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Heat stroke</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs</b>
ANTECEDENT CAUSES <b>Generally arteriosclerosis</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		<b>?</b>
(C)		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma prostate</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Feb**, 19**49**, to **July**, 19**52**, that I last saw the deceased alive on **July 24, 1952**, and that death occurred at **4:15 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Frederick J. Vollum, M. O.</b>	23B. ADDRESS <b>6100 York Rd</b>	23C. DATE SIGNED <b>July 25, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/26/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Cemetery of the Highlands</b>
24D. LOCATION (City, town, or county) <b>Highland Mills, New York</b>		(State)

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 25 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Wm. H. Williams &amp; Son, 805 N. Calumet St.</b>	ADDRESS
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057 32

HYDROGRAPHIC SURVEY

101



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 7021

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JAMES

GOODWIN

2. DATE  
OF  
DEATH

July 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Bal to. Md.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

315 S. Bruce Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11-11-76

9. AGE (In years  
last birthday)

76

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Collector

10B. KIND OF BUSINESS OR  
INDUSTRY

Furn. Bus.

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Florence E. Goodwin 2723 Fait Avenue

18. 4/21/1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....☐

July 25, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7-28-52

24C. NAME OF CEMETERY OR CREMATORY

5 Woodlawn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lilly &amp; Zeiler, Inc. 403 S. Wolfe Str.

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7022**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ROBERT RITMILLER</b>		2. DATE OF DEATH <b>July 23, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b> <b>Baltimore</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>731 S. Lakewood Avenue</b>		E. LENGTH OF STAY IN BALTIMORE <b>Life</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>10-21-85</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Standard Oil</b>	9. AGE (In years last birthday) <b>66</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Robert B Ritmiller</b>		14. MOTHER'S MAIDEN NAME <b>Augusta ?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>(If yes, give war or dates of service)</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Edward E. Retmiller</b>
		ADDRESS <b>same</b>	

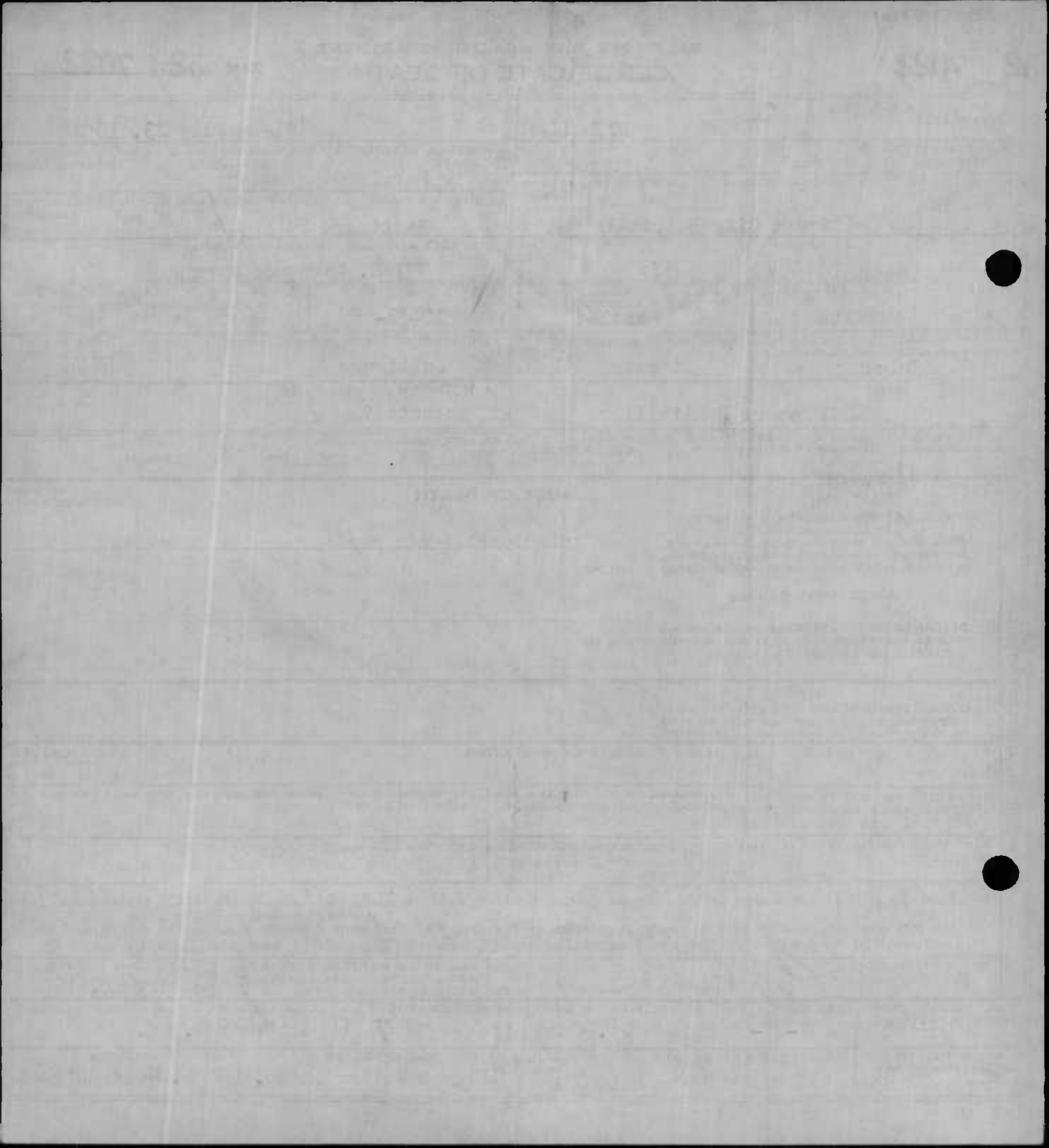
18. <b>CAUSE OF DEATH</b>		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b>		
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
DUE TO		
DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <b>R. Fisher</b>	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED <b>July 24, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7-28-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel</b>
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		(State)

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 25 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, Jr.</b>	25. FUNERAL DIRECTOR <b>Lilly &amp; Zeiler, Inc.</b>	ADDRESS <b>403 S. Wolfe Street</b>
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245  
52 7023BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7023

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Nellie Shaw Musselman

2. DATE  
OF  
DEATH July 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)  
A. STATE Maryland B. COUNTY noneB. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

100 Woodlawn Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)  
Baltimore 27-14

D. STREET ADDRESS (If rural, give location)

100 Woodlawn Road

Length of stay in Baltimore 50 Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

August 17, 1874

9. AGE (in years  
last birthday)

77

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
none10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Cumberland, Md.

12. CITIZEN OF  
WHAT COUNTRY?  
U. S.

13. FATHER'S NAME

James Shaw

14. MOTHER'S MAIDEN NAME

Anna Percy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Eleanor S. Musselman 100 Woodlawn Road

18. 331X1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral hemorrhage

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Hypertension &amp; arteriosclerosis

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to July 24, 1952, that I last saw the  
deceased alive on Aug 18, 1952, and that death occurred at 1105 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Walter B. Buch

M. D.

23B. ADDRESS

18 E. Egan St

23C. DATE SIGNED

Jul 24, 52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

7 - 26 - 52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

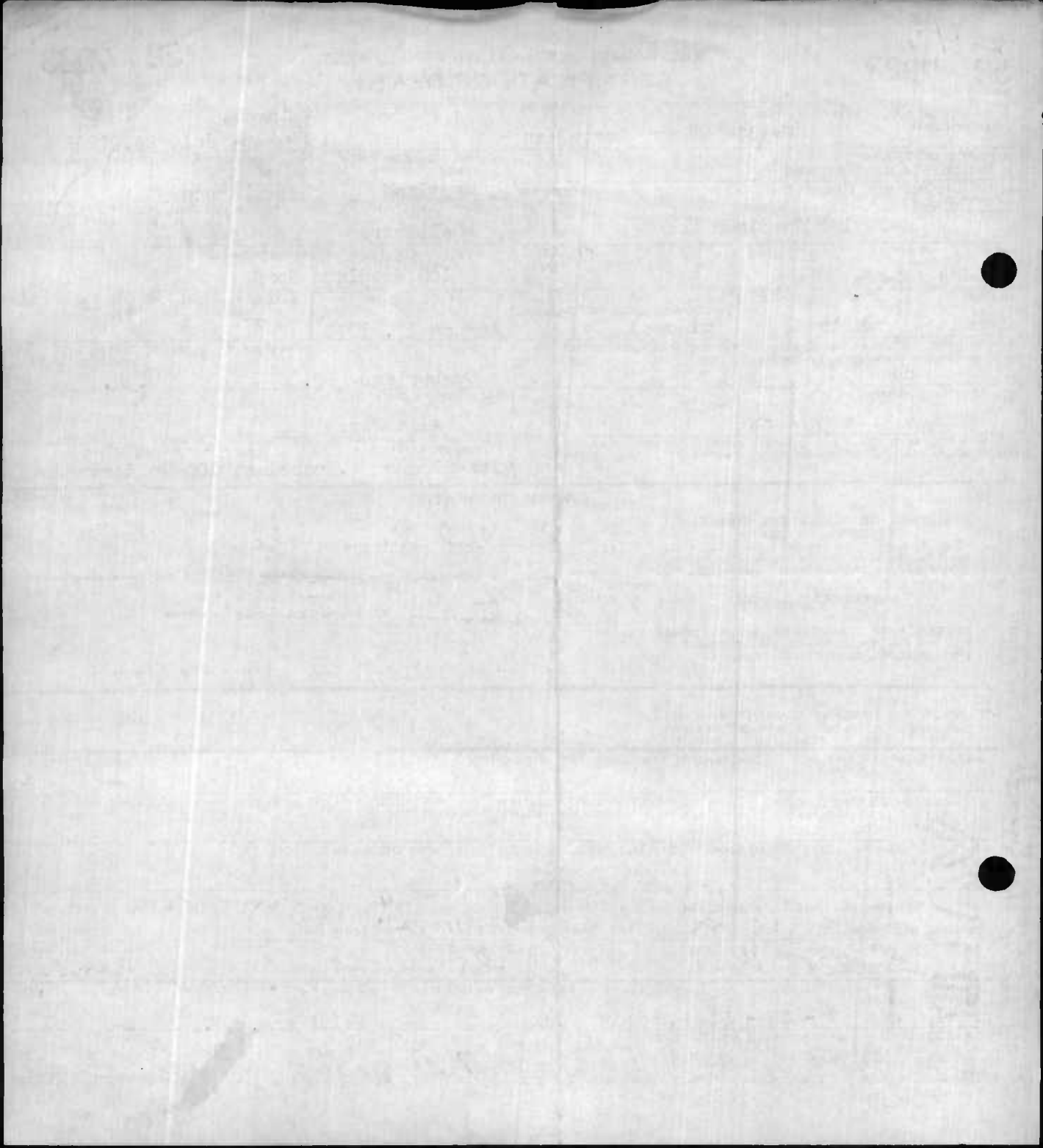
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 25 1952

Huntington Williams, 1900 E. Egan St. 1900 E. Egan St.



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 7024

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CATHERINA

BARRANCO

2. DATE  
OF  
DEATH

July 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

610 W. Lexington Street

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 21, 1857

9. AGE (In years  
last birthday)

95

10 Under 1 Year  
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF  
WHAT COUNTRY?  
U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.  
None

17. INFORMANT

ADDRESS

John Barranco, 811 N. Collington Avenue

18. 4221

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William H. Barranco*

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

July 25, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

400 Edmondson Ave., Baltimore Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 25 1952

REGISTRAR'S SIGNATURE

*Huntington Williams*

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc., 2601 E.

Madison St.

1951

25

REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

1951



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7025  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Frederic H. Carley</b>		2. DATE OF DEATH <b>July 23, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>645 W. Franklin St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>40 years</b>		D. STREET ADDRESS (If rural, give location) <b>645 W. Franklin St.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 26, 1886</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Self emp.</b>	9. AGE (In years last birthday) <b>66</b>
11. BIRTHPLACE (State or foreign country) <b>New York</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Frederic E. Carley</b>		14. MOTHER'S MAIDEN NAME <b>Ida Bell Smith</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	
17. INFORMANT <b>Ada L Carley</b>		ADDRESS <b>645 W. Franklin St.</b>	

18. <b>447.1 and E 931.9</b> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Anterocoeloma C.V. disease.</b>		
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT. <b>Heart protrusion?</b>		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-12**, 19**44**, to **11-5**, 19**51**, that I last saw the deceased alive on **4-5**, 19**51**, and that death occurred at **4 A** m., from the causes and on the date stated above.

23A. SIGNATURE <b>J. Nelson Carey</b>	23B. ADDRESS <b>1014 So Paul St</b>	23C. DATE SIGNED <b>7-24-52</b>
--	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 26, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>
--	-----------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 25 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Charles F. Evans &amp; Son</b>	ADDRESS
--	---	---	---------

**N-981X**      **00081 118 W. MT ROYAL Ave**

MEDICAL CERTIFICATION

Dr. Carey  
1014 St. Paul St.

245

7026

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7026

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN M SEGLINSKI Sr.

2. DATE  
OF  
DEATH

7/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md.

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Balto General Hos.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2620 Hudson st.

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct 14 1889

9. AGE (In years  
last birthday)

63

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Parks City of Balt

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Seglinski

14. MOTHER'S MAIDEN NAME

Katherine Lubinski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Stella Seglinski 2620 Hudson St.

ADDRESS

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Hypertensive Arterio Sclerosis Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO

Chronic Jaundice.

(C) .....  
DUE TO

Cerebral Infarction

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia (Pneumonia)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1951 to July 22, 1952, that I last saw the  
deceased alive on July 20, 1952, and that death occurred at 1:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

7/28/52

St. Stanislaus Cem

Baltimore Co. Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Charles F. Evans &amp; Son

116 W. Mt. Royal Ave.

VS 150

97093

MEDICAL CERTIFICATION

850 0000  
MELVIN JAWORSKI  
2711 EASTERN AVE.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7027  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Catherine Agnes Devall</b>			2. DATE OF DEATH <b>July 23, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>1102 Eutaw St.</b>			C. CITY OR TOWN <b>Baltimore</b> (If outside corporate limits, give RURAL and give township)		
C. Length of stay in Baltimore <b>Lifetime</b>			D. STREET ADDRESS (If rural, give location) <b>1102 Eutaw St.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>JAN 31 1897</b>		9. AGE (In years last birthday) <b>75</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>			14. MOTHER'S MAIDEN NAME <b>Anna M. Ward</b>		
13. FATHER'S NAME <b>John Devall</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>Wm. Devall 1102 Eutaw St.</b>		

18. <b>470.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Anterovascular Heart Dis.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Peripheral sclerosis</b>		<b>3 yrs.</b>
(C) <b>Gangrene of left 5th toe</b>		<b>4 mos.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 19 50** 19**50**, to **July 23**, 19**52**, that I last saw the deceased alive on **July 14**, 19**52**, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE **Sol Smith** M. D. 23B. ADDRESS **2426 Eutaw Pl** 23C. DATE SIGNED **7/25/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7-26-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>	24D. LOCATION (City, town, or county) <b>Baltimore</b>
--	-----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR **III 25 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Charles F. Evans & Son** ADDRESS **118 W. Mt. Royal Ave.**

CERTIFICATE OF DEATH

Dr. J. J. Smith

625  
52 7028

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 7028

1. NAME OF DECEASED  
(Type or Print)

CATHERINE PAULINE BURGAN

2. DATE  
OF  
DEATH

7-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

653 Gutman Avenue

Yrs.  
Mos.  
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.U.T.A. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

653 Gutman Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1876

9. AGE (In years  
last birthday)

75

10 Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Krause

14. MOTHER'S MAIDEN NAME

Pauline Ackerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Miss L. Burgan 653 Gutman Ave.

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

48 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic Heart Disease

4 years

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hypertension, labile

4 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1947, to July 21, 1952, that I last saw the  
deceased alive on 7/20, 1952, and that death occurred at 2:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

7-24-52

Parkwood

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 25 1952

Huntington Williams, M.D.

Wiedefeld &amp; Son

WIEDEFELD AND SON

GREENMOUNT AVE. &amp; 22nd ST.

101. *Opuntia* *sp.*

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7029**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Harry J. Winkler*

2. DATE  
OF  
DEATH

*July 23, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE *MD* B. COUNTY *Bolts*

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION *Mersey Hosp.*

C. CITY OR TOWN (If outside corporate limits, write R.U.F.S. and give township)  
*Baltimore*

D. STREET ADDRESS (If rural, give location)  
*4522 22nd St.*

Length of stay in Baltimore *unknown*

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

H Under 1 Year Months: Days

H Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*cook*

10B. KIND OF BUSINESS OR INDUSTRY

*Restaurant*

11. BIRTHPLACE (State or foreign country)

*Phila. Pa.*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*HENRY WINKLER*

14. MOTHER'S MAIDEN NAME

*CATHERINE MYERS*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*MRS ERENE WINKLER -*

18. *443X and E931.9*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) *Heat Stroke*  
DUE TO *Hypertensive heart disease*  
(B)   
(C)   
*Heat stroke*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *July 23, 1952* to *July 23, 1952* that I last saw the deceased alive on *July 23, 1952* and that death occurred at *8:45 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Greene*

23B. ADDRESS

*Mersey Hosp.*

23C. DATE SIGNED

*7/23/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JUL 25 1952*

*Huntington Williams, M.D.*

*7 Westfield & Son*

VS 150

*N - 981.3*

*7546 M Greenmount & 22nd St.*

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

*William J. Smith* M.D.  
CHIEF OR ASST. MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7030  
Registered No. \_\_\_\_\_

625  
2 7030  
BIRTH NO. 22-86021

1. NAME OF DECEASED (Type or Print) <b>Thomas F. Harrison</b>			2. DATE OF DEATH <b>7/23/1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1521 W Larnvale St</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Ba/To.</b>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>1521 W Larnvale St</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Od</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S, single</b>	8. DATE OF BIRTH <b>Mar. 3, 1952</b>	9. AGE (In years last birthday) <b>4</b>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>			10B. KIND OF BUSINESS OR INDUSTRY _____		
13. FATHER'S NAME <b>Bert Hall</b>			11. BIRTHPLACE (State or foreign country) <b>Ba/To Md.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
16. SOCIAL SECURITY NO. _____			14. MOTHER'S MAIDEN NAME <b>Nellie Mae Harrison</b> ✓		
17. INFORMANT <b>Nellie Harrison</b>			ADDRESS <b>1521 W Larnvale St</b>		

18. <b>571.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <b>Acute Gastro-enteritis</b> DUE TO _____	INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) _____ DUE TO _____	
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

MEDICAL CERTIFICATION

19A. DATE OF OPERATION <b>7/23/52</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7/22</b> , 19 <b>52</b> to <b>7/23</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7/23</b> , 19 <b>52</b> and that death occurred at <b>9a.</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Ralph W. Williams, M.D.</b>		23B. ADDRESS <b>414 N. Gilmor St</b>		23C. DATE SIGNED <b>7/25/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/25/1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>St. V. Cemetery</b>	
24D. LOCATION (City, town, or county) <b>Balto</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, M.D.</b>		ADDRESS <b>322 N. ...</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 25 1952</b>					

THE UNIVERSITY OF CHICAGO  
LIBRARY OF THE DIVISION OF THE PHYSICAL SCIENCES

1941

Date		Description		Amount	
1941	Jan 1	Balance forward			
1941	Jan 15	Check #1234			
1941	Feb 1	Check #1235			
1941	Feb 15	Check #1236			
1941	Mar 1	Check #1237			
1941	Mar 15	Check #1238			
1941	Apr 1	Check #1239			
1941	Apr 15	Check #1240			
1941	May 1	Check #1241			
1941	May 15	Check #1242			
1941	Jun 1	Check #1243			
1941	Jun 15	Check #1244			
1941	Jul 1	Check #1245			
1941	Jul 15	Check #1246			
1941	Aug 1	Check #1247			
1941	Aug 15	Check #1248			
1941	Sep 1	Check #1249			
1941	Sep 15	Check #1250			
1941	Oct 1	Check #1251			
1941	Oct 15	Check #1252			
1941	Nov 1	Check #1253			
1941	Nov 15	Check #1254			
1941	Dec 1	Check #1255			
1941	Dec 15	Check #1256			
1941	Dec 31	Balance forward			

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7031**

**52 7031**  
BIRTH NO. **52-16793**

1. NAME OF DECEASED (Type or Print) <b>Baby Girl Larsen</b>		2. DATE OF DEATH <b>July 22, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hospital for the Women &amp; Infants</b>		C. CITY OR TOWN <b>Balto-6. 26-01</b>	
6. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) <b>4305 Glenmore Av.</b>	
7. SEX <b>Female</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH <b>July 22, 1952</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday) <b>1 50</b>	
13. FATHER'S NAME <b>Ernest S. Larsen</b>		14. BIRTHPLACE (State or foreign country) <b>Balto- Md</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
17. SECURITY NO.		18. MOTHER'S MAIDEN NAME <b>Mayorie Ann Wiltbank</b>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		20. INFORMANT <b>Mother - Mrs. Ernest Larsen</b>	
21. ADDRESS		22. ADDRESS	

18. **757.3 and 776X**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

**CAUSE OF DEATH CONGENITAL ABN. URINARY TRACT**

(A) **PREMATURITY INCOMPATIBLE LIFE.**

DUE TO

**PREMATURE ONSET OF SPONT.**

(B) **LABOR - 32 WKS.**

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

**6 hrs.**

**II**  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**SEE (A)**

19A. DATE OF OPERATION <b>2</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 22, 1952</b> to <b>July 22, 1952</b> that I last saw the deceased alive on <b>July 22, 1952</b> and that death occurred at <b>1:33 P.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Robert K. Karach</b>		23B. ADDRESS <b>M. D. Assoc. for the Women of Md</b>		23C. DATE SIGNED <b>7-23-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	

DATE RECEIVED BY LOCAL REGISTRAR  
**JUL 25 1952**

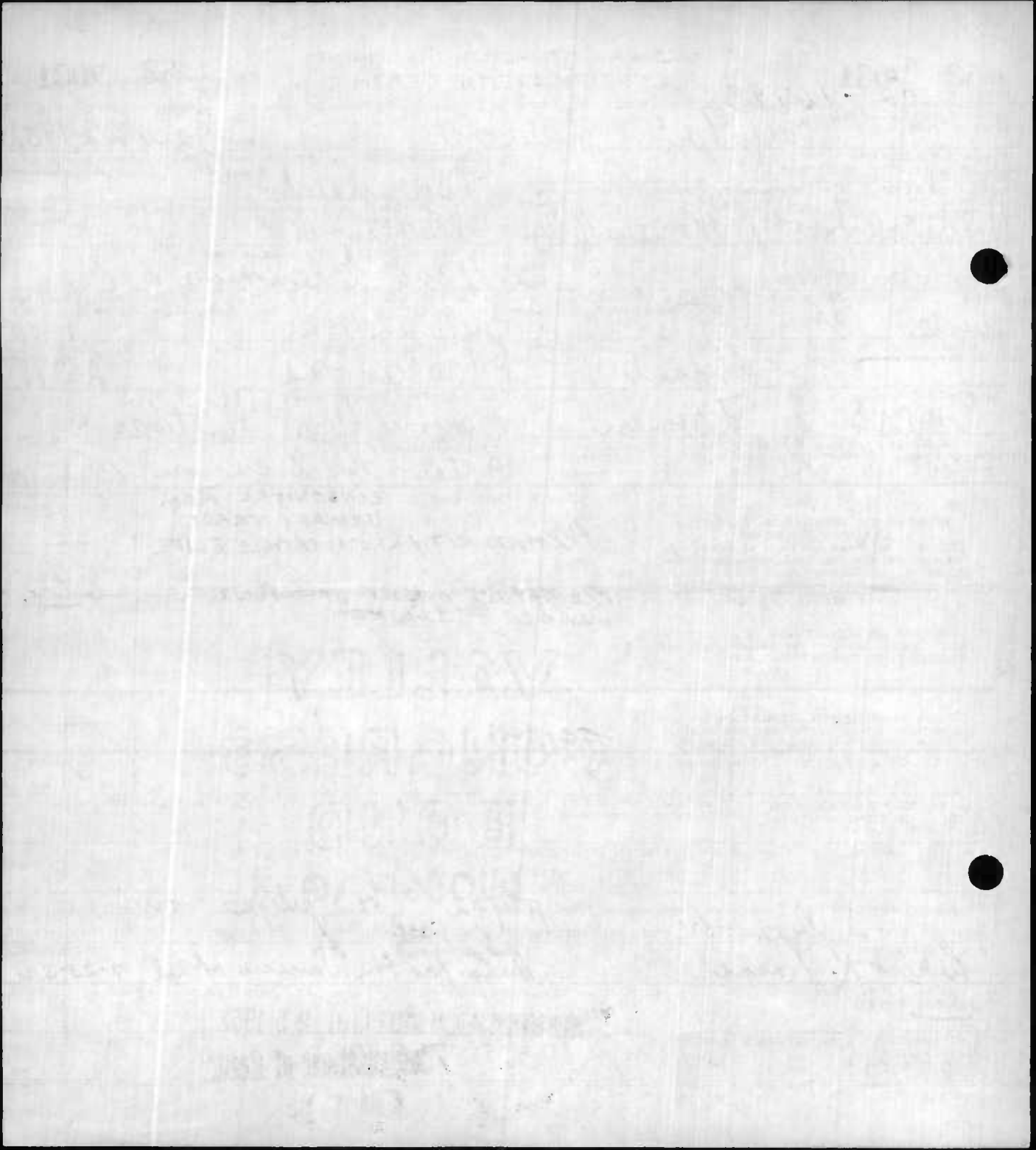
REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**Commissioner of Health**

ADDRESS



## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 52 7032

BIRTH NO. 52 7032 52-16635

1. NAME OF DECEASED  
(Type or Print)

Baby Girl.

MATANA

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Hospital for Women of Maryland.

Yrs.  
Mos.  
Days

Length of stay in Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 12-27-38

D. STREET ADDRESS (If rural, give location)

1203 Glenhaven Road

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single.

8. DATE OF BIRTH

July 22, 1952

9. AGE (In years  
last birthday)10 Under 1 Year  
Months: Days:11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Michael MATANA

14. MOTHER'S MAIDEN NAME

Dorothy W. ARDA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Mrs. Dorothy MATANA, 1203 Glenhaven Rd.

18.

761.0 I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Anoxia

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Suffocation from cord  
around neck, true knot of  
cord -

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

1 hr. 36 min.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐ NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 7/22, 1952, to 7/22, 1952, that I last saw the  
deceased alive on 7/22, 1952, and that death occurred at 10:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Elizabeth Acton M.D.

23B. ADDRESS

M. D.

700 Cathedral St.

23C. DATE SIGNED

7/22/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S

ADDRESS

JUL 25 1952

Huntington Williams, M.D.

JOHN HOPKINS MEDICAL SCHOOL JUL 30 1952

Commissioner of Health

F. J. J.

MEDICAL CERTIFICATION

VS 150

SEP 1985

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7033**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Jimmie Lee Preston Nea Boob</b>			2. DATE OF DEATH <b>July-22-1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b> <b>804 North Wolfe Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>10 Yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>804 North Wolfe Street</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July-22-1899</b>	9. AGE (In years last birthday) <b>53</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		
11. BIRTHPLACE (State or foreign country) <b>Georgia</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Frank Preston</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Ardella Brwon</b>			ADDRESS <b>804 N. Wolfe St</b>		

**CAUSE OF DEATH**

<p>18. <b>442X I</b></p> <p><b>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center"><b>ANTECEDENT CAUSES</b></p> <p><b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</b></p> <p align="center"><b>II</b></p> <p><b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b></p>	<p><b>INTERVAL BETWEEN ONSET AND DEATH</b></p> <p><b>sev. yrs</b></p>
<p>(A) <b>hypertensive cardio-renal disease</b></p> <p>DUE TO</p> <p>(B) <b>cardiac failure</b></p> <p>DUE TO</p> <p>(C)</p>	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7/1</b> , 19 <b>52</b> to <b>7/22</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7/19</b> , 19 <b>52</b> , and that death occurred at <b>11-30 A.M.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>1500 EAST BROWN ST. BALTIMORE MD.</b>		23C. DATE SIGNED <b>7-24</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/26/1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary Cem.</b>	
24D. LOCATION (City, town, or county) <b>Brooklyn Md.</b>		25. FUNERAL DIRECTOR <b>Elmer Wilson</b>		ADDRESS <b>1001 Blandy Rd</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 25 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington W. Wilson</b>			



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7034**

**530**  
**52 7034**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Colonel J. Smith</b>			2. DATE OF DEATH <b>July-27-1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1118 Etting Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>50 Yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>1118 Etting Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April-12-1871</b>	9. AGE (In years last birthday) <b>81</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waiter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Public</b>	11. BIRTHPLACE (State or foreign country) <b>Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Alfert E. Smith</b>			14. MOTHER'S MAIDEN NAME <b>Molly Smith</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Malinda Smith 1118 Etting St</b>		

18. <b>4/22.7</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocarditis</b>		CAUSE OF DEATH (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>2 w. 12 d.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO <b>Uremia</b>	<b>2 day</b>
		(C) DUE TO <b>Senility</b>	<b>5 1/2 d.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7/17**, 19**52**, to **7/22**, 19**52**, that I last saw the deceased alive on **7/21**, 19**52**, and that death occurred at **8 P.** m., from the causes and on the date stated above.

23A. SIGNATURE <b>M. Louis Young</b>		23B. ADDRESS <b>1100 Duval Hill Ave.</b>		23C. DATE SIGNED <b>7/24/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/29/1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt Arburn Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>					

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 25 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		FUNERAL DIRECTOR <b>Elroy Wilson</b>	
				ADDRESS <b>1100 Duval Hill Ave.</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7035  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Agnes RASHEVICUS RUSSELL</b>			2. DATE OF DEATH <b>July 24 1952</b>		
3. PLACE OF DEATH A. Baltimore City, Maryland <b>BALTO City</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>md</b> B. COUNTY <b>19-03</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>31 S. Strucker St</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTO.</b>		
c. Length of stay in Baltimore <b>47 yrs</b>			D. STREET ADDRESS (If rural, give location) <b>31 S. Strucker ST.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 15 1882</b>		9. AGE (In years last birthday) <b>70</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>LITH.</b>		12. CITIZEN OF WHAT COUNTRY? <b>?</b>
13. FATHER'S NAME <b>?</b>		14. MOTHER'S MAIDEN NAME <b>Agnes RASHUTE</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>(Yes, no or unknown)</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>ANNA RUSSELL 31 S. Strucker St</b>	

18. <b>443X and E931.9</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <b>Heat exhaustion</b> DUE TO <b>Hypertensive cardiovascular disease</b> (B) <b>disease</b> DUE TO (C) <b>Heat exhaustion</b> <b>Hypertensive cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>2 1/2 hrs</b>
--	--	--	--

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7/2**, 19**52**, to **7/24**, 19**52**, that I last saw the deceased alive on **7/24**, 19**52**, and that death occurred at **12:10 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Huntington Williams</b>		23B. ADDRESS <b>2030 Wilkes Ave</b>		23C. DATE SIGNED <b>7/24/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 27-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Camp</b>	24D. LOCATION (City, town, or county) (State) <b>Belair Md</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 26 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Joseph Kasuskos Inc 430 Homeland ave</b>	

NOT A MEDICAL EXAMINER'S CASE

*William L. Smith*

M.D.

CHIEF OR ASSISTANT MEDICAL EXAMINER

# CERTIFICATE CORRECTED 7-30-52

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 7036

500  
52 7036

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Zahn, Margaret J.

2. DATE  
OF  
DEATH

7-25-52

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

CARROLL

5. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

WESTMINSTER

c. Length of stay in Baltimore

2

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Feb. 19, 1883

9. AGE (in years last birthday)

68 69

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

OWN HOME

13. FATHER'S NAME

Jacob Gull

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Emily Jane Myers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

---

17. INFORMANT

ADDRESS

HOSPITAL RECORDS

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Anuria & Renal failure

DUE TO Pyelonephritis &

(B) Inter-capillary glomerulosclerosis

DUE TO Diabetes mellitus & H.V.D.

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7-25-52

19B. MAJOR FINDINGS OF OPERATION

Small left kidney

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1952 to July 25, 1952, that I last saw the deceased alive on July 25, 1952, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ray Pryor, M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

7-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

JULY 28, 1952

24C. NAME OF CEMETERY OR CREMATORY

KRIDERS CEMETERY

24D. LOCATION (City, town, or county)

NEAR WESTMINSTER, MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

JOHN R. BYERS WESTMINSTER, MD.

86-53

STATE OF TEXAS

IN THE COUNTY OF DALLAS

FILED  
CLERK OF DISTRICT COURT  
DALLAS, TEXAS  
JAN 12 1964

635

7037

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7037

Registered No.

1. NAME OF DECEASED (Type or Print) <b>MARTHA ELIZABETH BRADENBAUGH</b>		2. DATE OF DEATH <b>July 23 52</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>1018 E. 36th St</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>MD</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>30 years</b>		d. STREET ADDRESS (If rural, give location) <b>1018 E. 36th St.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Sept 29 1885</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>66</b>
13. FATHER'S NAME <b>Ramsey</b>		11. BIRTHPLACE (State or foreign country) <b>Sancti Spiritus Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Elizabeth Streett</b>	
17. INFORMANT <b>Charles Bradenbaugh</b>		ADDRESS	

18. <b>442X</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <b>Cardio-renal-vascular disease -</b>	
ANTECEDENT CAUSES	(B) <b>Cerebral thrombosis -</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<b>no</b>

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 23**, 19**52** to **July 23**, 19**52** that I last saw the deceased alive on **July 23 1952** and that death occurred at **5 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Dr. G. B. Barden</b>	23B. ADDRESS <b>323 N. Mt. Airy -</b>	23C. DATE SIGNED <b>7/24/52</b>
M. D.		

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24B. DATE <b>July 26 52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Bethel</b>	24D. LOCATION (City, town, or county) (State) <b>7700 Madison Ave. Md</b>
---	-----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 26 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Martha G. Kutz</b>	ADDRESS <b>Sancti Spiritus</b>
---	--	--	--------------------------------

1932

25

CERTIFICATE OF DEATH

MARTHA ELIZABETH BRADSHAW

Age 82

Sex

Married

30 years

1015 1/2 St. N.

St. Paul, Minn.

St. Paul

Residence

St. Paul

Occupation

Housewife

St. Paul

Education

High School

Cause and manner of death

Senility

Under treatment

25

Age 82

Sex

30 years

1015 1/2 St. N.

St. Paul

St. Paul, Minn.

St. Paul

Residence

St. Paul

Occupation

Housewife

260  
52 7038  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7038

1. NAME OF DECEASED (Type or Print) <i>George Yeager</i>		2. DATE OF DEATH <i>7-25-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-43</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2125 Annapolis Road</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-10-1865</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Hostler</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>Baltimore City</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>George Frederick Yeager</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Broening</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. -----	
17. INFORMANT <i>Elizabeth Margaret Yeager</i>		ADDRESS	
18. <i>E 904.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Intertrochanteric Fracture Left Hip</i> DUE TO (A) <i>Intertrochanteric Fracture Left Hip</i> (B) <i>6 days</i> (C) <i>6 days</i>		CAUSE OF DEATH <i>2125 Annapolis Rd.</i> INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Generalized Arteriosclerosis - Nephritis</i> (C) <i>Generalized Arteriosclerosis - Nephritis</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT			
19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	
21C. WHERE DID INJURY OCCUR? <i>2125 Annapolis Road</i>		21D. TIME (Month) (Day) (Year) (Hour) <i>July 19 '52</i>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <i>7/23 1952</i>		21F. HOW DID INJURY OCCUR? <i>Fell in bathroom</i>	
22. I hereby certify that I attended the deceased from <i>7/23</i> , 19 <i>52</i> to <i>7/25</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>7/25</i> , 19 <i>52</i> , and that death occurred at <i>5:50</i> A.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Stephen H. Paduano</i>		23B. ADDRESS <i>St. Agnes Hospital</i>	
23C. DATE SIGNED <i>7/25/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>July 28, 52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore MD.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 26 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
VS 150 <i>N-820.0</i>		25. FUNERAL DIRECTOR <i>Mamie Cook Syfer</i>	
		ADDRESS <i>1600 W. North Ave</i>	
		<i>Baltimore, Md.</i>	

VALLEY  
COUNCIL

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7039**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**VIRGINIA May CRAIG**

2. DATE  
OF  
DEATH

**July 24, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**South Baltimore General Hospital**

Yrs.  
Mos.  
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**827 Light Street**

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Widowed**

8. DATE OF BIRTH

**June 10, '71**

9. AGE (in years last birthday)

**81**

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife**

10B. KIND OF BUSINESS OR INDUSTRY

**Home**

11. BIRTHPLACE (State or foreign country)

**Baltimore, Md.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**William P. Sauerhoff**

14. MOTHER'S MAIDEN NAME

**Kate Jones**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Mrs. Lola Frederick**

18. **4221**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

**II**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....☒

**July 25, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**7/26/52**

24C. NAME OF CEMETERY OR CREMATORY

**Cedar Hill**

24D. LOCATION (City, town, or county)

**70 Ritchie Hwy.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**JUL 26 1952**

**Huntington Williams, Jr.**

**John F. Denny, Inc.**

**815 Light S**

1933

RECEIVED THE NATIONAL BUREAU OF  
CERTIFICATES OF DEATH

1933

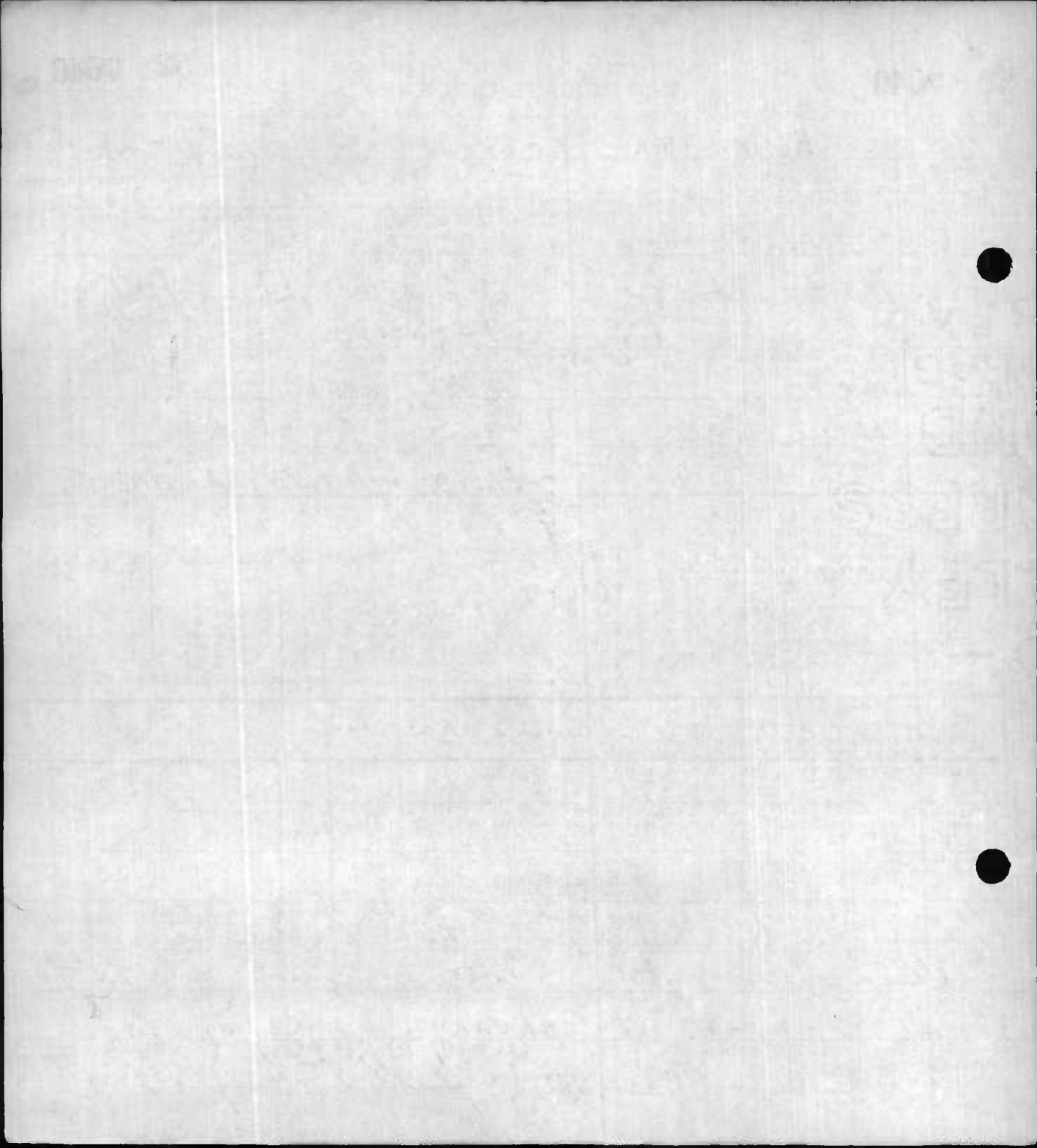
DECEASED



516  
52 7040BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7040

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
HENRIETTA AMBROSE		7-22-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE	
1622 HARLEM AVE		MD	
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
LIFE		BALTIMORE 16-03	
5. SEX		D. STREET ADDRESS (If rural, give location)	
F		1622 HARLEM AVE	
6. COLOR OR RACE		8. DATE OF BIRTH	
C.		9-16-1884	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (in years last birthday)	
WIDOWED		67	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
Housewife		BALTIMORE	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JOHN WILLIAMS		LUCY ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No			
17. INFORMANT		ADDRESS	
ELSIE STANLEY		1622 HARLEM AVE	
18. 443X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		?	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0			
20. AUTOPSY?			
YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED	
		WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/>	
m. WORK AT WORK			
22. I hereby certify that I attended the deceased from Jan 3 1952, to July 21, 1952, that I last saw the deceased alive on July 21, 1952, and that death occurred at 12:30 P. M., from the causes and on the date stated above.		21F. HOW DID INJURY OCCUR?	
23A. SIGNATURE		23B. ADDRESS	
Beckham Dr		1202 N. Caroline St	
M. D.		8/7/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
BURIAL		7-27-52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Mt. CALVARY		A. A. County, Md	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
JUL 26 1952		Joseph H. Locke	
REGISTRAR'S SIGNATURE		ADDRESS	
Huntington Williams, Jr		R 1304 N. Butler Ave	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered **52 7041**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>WALTER CHASE</b>		2. DATE OF DEATH <b>July 23, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>6-05</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>102 N. Bond Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> (A) ..... DUE TO ANTECEDENT CAUSES (B) ..... DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>R. Fisher</b>	23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <b>7/26/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/26/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>
DATE RECEIVED BY <b>JUL 28 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>J. L. Brown</b>
V S 151		ADDRESS <b>W. Montgomery St.</b>

MEDICAL CERTIFICATION

correct as to date of death, name of informant, place of death, and date of death.

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516  
2 7042BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7042

BIRTH NO. 52-07268

1. NAME OF DECEASED  
(Type or Print)

Maurice Chambers

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE

md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1003 Blaes St

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3-29-52

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Maurice Chambers

14. MOTHER'S MAIDEN NAME

Mary Whitaker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS  
JOHNS HOPKINS HOSPITAL

18. 751X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Diffuse bronchopneumonia

1 day

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Congenital meningomyelocele  
and hydrocephalus

live birth

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23, 1952 to 7/23, 1952 that I last saw the  
deceased alive on 7/23, 1952, and that death occurred at 12 noon from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 26 1952

Huntington Williams, M.D.

Randolph J. Collick 14126 Preston St.

52-7415

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 52 7043

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Estella Meyer

2. DATE  
OF  
DEATH

July 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

4702 Harford Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5313 Elsrode Avenue

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 25, 1885

9. AGE (In years

last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James Sprowl

14. MOTHER'S MAIDEN NAME

Emma ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Charles L. Meyer, 4510 Northwood drive

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Cerebral Hemorrhage

DUE TO

(C)

Hypertension C. V. D.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1952, 1947, to July 25, 1952, that I last saw the  
deceased alive on July 24, 1952, and that death occurred at 12:40 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/26/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 26 1952

Huntington Williams, M.D.

Leonard J. Ruck, 5305 Harford Road

STAGGERS TO THE SOUTH

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7044**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**ANNA SOFIE LARSEN**

2. DATE  
OF  
DEATH

**7/23/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**University**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **md** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)  
**Baltimore - 626-01**

D. STREET ADDRESS (If rural, give location)

**4613 Mary Ave.**

c. Length of stay in Baltimore

5. SEX

**female**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**widowed**

8. DATE OF BIRTH

**July 11-1872**

9. AGE (In years last birthday)

**80**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**housewife**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Norway**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13. FATHER'S NAME

**Paul (Paulsen) LARSEN**

14. MOTHER'S MAIDEN NAME

**Thea. Bentzen**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Daughter MRS P. OSEN same**

18. **422.1 I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

**Hyperpyrexia**

**8 hr.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

**Arteriosclerotic Cardiovascular disease**

(C)

**Senility**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7/22**, 19**52**, to **7/23**, 19**52**, that I last saw the deceased alive on **7/23**, 19**52**, and that death occurred at **10 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**L. Langenfelder**

M. D.

23B. ADDRESS

**University Hosp**

23C. DATE SIGNED

**7/23/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**7/26/52**

24C. NAME OF CEMETERY OR CREMATORY

**Morland Park**

24D. LOCATION (City, town, or county) (State)

**Balto Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

**Leonard J. Luck 5305 Bayford**

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS

STATE OF NEW YORK

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650  
52 7045AHERN  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7045  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Eatherine Ahern</i>		2. DATE OF DEATH <i>24 July 1952</i> <i>1-2-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write it in full and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>20 1870</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>81</i>
11. BIRTHPLACE (State or foreign country) <i>Washington DC</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Michael Kelly</i>		14. MOTHER'S MAIDEN NAME <i>Mary Ann</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Little Sisters of the Poor</i>		ADDRESS	
18. <i>450.0</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Aortic Stenosis</i> DUE TO ANTECEDENT CAUSES (B) <i>Arterio Sclerosis</i> DUE TO (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) INJURY		21F. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK	
22. I hereby certify that I attended the deceased from <i>July 10 -</i> , 1952, to <i>July 24</i> , 1952; that I last saw the deceased alive on <i>July 20</i> , 1952, and that death occurred at <i>1 A</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Re Gull Hall MD</i>		23B. ADDRESS <i>1631 E North Ave</i>	
23C. DATE SIGNED <i>July 24-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>July 26/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 26 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	
25. FUNERAL DIRECTOR <i>John W. Wiedefeld</i>		ADDRESS <i>900 E. Biddle St</i>	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7046  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Andrew Paswaters Bradshaw

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

B. COUNTY SOMERSET

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

US PHS Hospital  
Baltimore 11, Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

EWEELL

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 15, 1873

9. AGE (In years last birthday)

79

10. Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR INDUSTRY

Seafaring

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Allen Bradshaw

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records, USPHS Hospital, Baltimore, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary edema

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of breast with metastases

3 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 29, 1952, to July 22, 1952, that I last saw the deceased alive on July 22, 1952 and that death occurred at 11:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. A. Hunter, Jr., Sr. Surgeon

23B. ADDRESS

USPHS Hospital, Baltimore 11, Md. 7-23-52

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 26 1952

Huntington Williams, Jr.

Brace Law Funeral Parlors - Crofton, Md.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7047

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RICHARD E. WRIGHT		2. DATE OF DEATH July 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2400 Elsinor Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 11, 1933
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		9. AGE (in years last birthday) 19	
10B. KIND OF BUSINESS OR INDUSTRY Painting		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13. FATHER'S NAME Harold A. Wright		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes World War II		14. MOTHER'S MAIDEN NAME Louise E. Stover	
16. SOCIAL SECURITY NO. 216-28-0335		17. INFORMANT ADDRESS Mrs. Mae I. Wright - 4101 Wentworth Rd.	

18. E972X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) First, second, and third degree burns of face, chest, and upper and lower extremities CAUSE OF DEATH (A) First, second, and third degree burns of face, chest, and upper and lower extremities (B) (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2400 Elsinor Avenue	
21D. TIME (Month) (Day) (Year) (Hour) July 16, 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Filled room with cooking gas & lit a match	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Fox		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED July 25, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/28/52	24C. NAME OF CEMETERY OR CREMATORY Baltimore National Cem. Baltimore, Md.	24D. LOCATION (City, town, or county) (State) Baltimore 17, Md.
DATE RECEIVED BY LOCAL REGISTRAR 26-195	REGISTRAR'S SIGNATURE Huntington Williams, MD	FUNERAL DIRECTOR Wm. J. Ticker & Sons	
VS-151 N-96802 56424			

STATEMENT OF THE  
COMMISSIONER OF THE  
LAND OFFICE

21 m. f. 1000  
1000 1000 1000

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7048  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

MAGGIE STUMP

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2520 Ashton St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Balto.

D. STREET ADDRESS (If rural, give location)  
2520 Ashton St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
widowed

B. DATE OF BIRTH

Mar. 26, 1868

9. AGE (in years last birthday)

84

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY  
at home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Adam Mohr

14. MOTHER'S MAIDEN NAME

Margaret Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.  
no

17. INFORMANT

ADDRESS

Mrs. Margaret Deitz - 2520 Ashton St.

1B. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Embolized arteriosclerosis*  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Senility - physical*  
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Malnutrition*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to July 23, 1952, that I last saw the deceased alive on July 22, 1952, and that death occurred at 9:24 A.M., from the causes and on the date stated above.

23A. SIGNATURE

*D. E. Harris*

23B. ADDRESS

M. D.

3701 Callaway Ave

23C. DATE SIGNED

July 24, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/28/52

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem. Balto., Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*Wm. J. Vickner & Sons*

Balto 17, Md.

MEDICAL CERTIFICATION

81A 54

UNITED STATES DEPARTMENT OF THE ARMY  
OFFICE OF THE CHIEF OF STAFF

100

UNITED STATES DEPARTMENT OF THE ARMY  
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UNITED STATES DEPARTMENT OF THE ARMY  
OFFICE OF THE CHIEF OF STAFF

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **52 7049**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BETTY

LUCAS

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1417 E. Monument Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec.-6-1950

9. AGE (in years  
last birthday)

19 Months

10. Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edwin Lucas

14. MOTHER'S MAIDEN NAME

Viola Farris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Edwin Lucas 1607 Broadway

18. **E902.0**

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Aspiration of vomitus

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Subdural and subarachnoid hemorrhage

(C) Cerebral injury

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

1417 E. Monument St.

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

July 20, 1952 1:05 P.m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell from bed to floor

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....☐

July 25, 1952

MEDICAL INVESTIGATOR.....☐24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

7/26/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Elmer Williams 1000 Broadway

9-10 S

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

1910

CERTIFICATE CORRECTED OCT. 2, 1952 ES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52

7050

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Oscar Miller

2. DATE  
OF  
DEATH

July 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

USPHS Hospital  
Baltimore 11, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Minn.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Duluth

D. STREET ADDRESS (If rural, give location)

1510 West 1st

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 3, 1904

9. AGE (In years; last birthday)

47

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR INDUSTRY

Seafaring

11. BIRTHPLACE (State or foreign country)

Minn.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward Miller

14. MOTHER'S MAIDEN NAME

Karen Ringer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW II

16. SOCIAL SECURITY NO.

---

17. INFORMANT

ADDRESS

Records - USPHS Hospital, Balto., Md.

CAUSE OF DEATH

*Carcinoma*

(A)

DUE TO (Epidermoid carcinoma (squamous cell) larynx with metastasis.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7-23-52

19B. MAJOR FINDINGS OF OPERATION

Squamous cell carcinoma

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1952 to July 25, 1952 that I last saw the deceased alive on July 25, 1952 and that death occurred at 3:05 P. M., from the causes and on the date stated above.

23A. SIGNATURE

*Leslie Thelma Clinton*

23B. ADDRESS

US PHS Hospital, Balto. 11, Md.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-29-52

24C. NAME OF CEMETERY OR CREMATORY

Park Hill

24D. LOCATION (City, town, or county)

Duluth Minn.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

Howard H. Hubbard 2503 Edmondson Ave

ADDRESS

See query answer in Document File 52-7050  
10/2/52 ES

*Continued*

1

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7051  
Registered No. 52 7051

BIRTH NO. 200

1. NAME OF DECEASED  
(Type or Print) Louis Buck

2. DATE OF DEATH July 22-52

3. PLACE OF DEATH:  
A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY 22-02

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION 846 S. Sharp St

C. CITY OR TOWN (If outside corporate limits, write rural and give township)  
Baltimore

C. Length of stay in Baltimore 50 yrs

D. STREET ADDRESS (If rural, give location)  
846 S. Sharp St

5. SEX Male

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH 11-16-1884

9. AGE (In years last birthday) 68

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Maryland

12. CITIZEN OF WHAT COUNTRY?  
U.S.A

13. FATHER'S NAME  
Isaac Buck

14. MOTHER'S MAIDEN NAME  
Charlottie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Annie Bates 846 S. Sharp St

18. 159X and E931.9

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Heat Prostration

1 day.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (B) Chr. Malnutrition

Unknown

OR TO (C) Possibly Carcinoma of Intestinal Tract.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1952 to July 22, 1952, that I last saw the deceased alive on July 21, 1952 and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE William W. Kaines

23B. ADDRESS 525 W. Hamburg St

23C. DATE SIGNED 7/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24B. DATE 7-27-52

24C. NAME OF CEMETERY OR CREMATORY St John Baptist Cemetery

24D. LOCATION (City, town, or county) (State)  
Ind

DATE RECEIVED BY LOCAL REGISTRAR  
JUL 26 1952

REGISTRAR'S SIGNATURE Huntington Williams

25. FUNERAL DIRECTOR Chas G. Cooper

ADDRESS 572 N Carrollton Ave

MEDICAL CERTIFICATION

RECEIVED  
JAN 10 1890  
U. S. DEPT. OF AGRICULTURE  
WASHINGTON

OFFICE OF THE CLERK OF THE HOUSE

WASHINGTON, D. C.

RECEIVED

JAN 10 1890

U. S. DEPT. OF AGRICULTURE

WASHINGTON

RECEIVED

JAN 10 1890

U. S. DEPT. OF AGRICULTURE

WASHINGTON

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U. S. DEPT. OF AGRICULTURE

WASHINGTON

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 7052

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MICHAEL S. BOSWELL

2. DATE  
OF  
DEATH

July 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2544 McCulloh Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 4 - 51

9. AGE (In years  
last birthday)

1

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Boswell

14. MOTHER'S MAIDEN NAME

Gloria Boswell 2544 McCulloh St

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Gloria Boswell 2544 McCulloh St

ADDRESS

18. 355X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral atrophy

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Dehydration

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....

July 25, 1952

MEDICAL INVESTIGATOR.....

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 26 1952

Huntington Williams, M.D.

Chas G. Cooper

512 N. Carrollton Ave.

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
OFFICE OF THE REGISTRAR  
ALBANY, N. Y.

1917

STATE OF NEW YORK

CERTIFICATE CORRECTED 8/26/52 - ES

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 52 7053

BIRTH NO. 51-20352

1. NAME OF DECEASED  
(Type or Print)

Elaine Key

2. DATE  
OF  
DEATH

7-23-1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

10-01

b. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONBaltimore City Hospitals  
4940 Eastern Ave.c. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

d. STREET ADDRESS (If rural, give location)

1223 E. Biddle St.

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 5, 1951

9. AGE (In years  
last birthday)10 Under 1 Year  
Months: Days

10

11 Under 24 Hours  
Hours: Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Birven Key

14. MOTHER'S MAIDEN NAME

Juanita Becker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. E904.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Dehydration-vomiting-etiology unknown

3 days

DUE TO Rupture of emissary veins on the  
right side of midline skull

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) CERTIFICATION APPROVED BY

DUE TO Head injury

(over)

(C) RBF m.d.

CHIEF OR ASST. MEDICAL EXAMINER.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

1223 E. Biddle St.

21d. TIME (Month) (Day) (Year) (Hour)  
INJURY

7-20-1952

21e. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☒

21f. HOW DID INJURY OCCUR?

Fall

22. I hereby certify that I attended the deceased from 7-23-1952, to 7-23-1952, that I last saw the  
deceased alive on 7-23-1952, and that death occurred at 11:40 PM from the causes and on the date stated above.

23a. SIGNATURE

R. B. Key

M. D.

23b. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23c. DATE SIGNED

7-24-1952

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

July 26/52

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. C. U. Elliott &amp; Daughter

VS 150

TO BE APPROVED BY THE MEDICAL EXAMINER

1129 N. Caroline St.

N-856.0

MEDICAL CERTIFICATION

File 52-7053

Letter from Dr. R. S. Rogers, Asst Supt, Medical  
Balto. City Hospitals

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7054**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>George A. Osterman</b>		2. DATE OF DEATH <b>July 25, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>3705 Edgewood Rd.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>51</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3705 Edgewood Road</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 3, 1892</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Director of Food Div.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>O.P.S. (Gov't)</b>	9. AGE (In years last birthday) <b>60</b>
11. BIRTHPLACE (State or foreign country) <b>Richmond, Va.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>William J. Osterman</b>		14. MOTHER'S MAIDEN NAME <b>Catherine Stone</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. George A. Osterman</b>		ADDRESS <b>3705 Edgewood Rd.</b>	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>19 days</b>
DUE TO (A) <b>Coronary Occlusion</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <b>Cardiac Vascular Disease</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>None</b>		
19A. DATE OF OPERATION <b>None</b>	19B. MAJOR FINDINGS OF OPERATION <b>No operation</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., is or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>July 25, 1952</b> to <b>July 25, 1952</b> that I last saw the deceased alive on <b>July 25, 1952</b> , and that death occurred at <b>9:55 a.m.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>E. C. Smith</b> M. O.	23B. ADDRESS <b>920 St. Paul St</b>	23C. DATE SIGNED <b>July 25/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/28/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Cathedral Cemetery</b>
24D. LOCATION (City, town, or county) <b>Baltimore, Maryland.</b>		24E. FUNERAL DIRECTOR <b>Huntington Williams, M. H. H. Williams &amp; Son</b>
24F. ADDRESS <b>805 N Calvert St</b>		

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

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435  
52 7055  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7055  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Sallie Gladden</i>		2. DATE OF DEATH <i>July 24, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hosp.</i>		C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township)	
C. Length of stay in Baltimore <i>10 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1120 Brevard St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Feb. 12, 1889</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	9. AGE (In years last birthday) <i>63</i>
11. BIRTHPLACE (State or foreign country) <i>Abbeville, S.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Masgo Clements</i>		14. MOTHER'S MAIDEN NAME <i>Unity</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>1120 Brevard St.</i>	

18. <i>760X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Diabetic Coma (?)</i>	CAUSE OF DEATH (A) <i>Diabetic Coma (?)</i> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>7/24/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *7/24/52* 19*52*, to *7/24/52* 19*52*, that I last saw the deceased alive on *7/24/52* and that death occurred at *2:45* m., from the causes and on the date stated above.

23A. SIGNATURE *John W. King (Chy Res.)* M. O. *Provident Hospital* 23B. ADDRESS *7/20/52* 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 26, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 28 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Sydney J. Home</i> ADDRESS <i>1651 Druid Hill Ave</i>

1000 5

RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE LAND OFFICE

214 5

*[Faint handwritten signature]*



000  
52 7056BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7056

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)3. PLACE OF DEATH  
a. Baltimore City, Marylandb. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH  
July 23, 19524. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
a. STATE Maryland b. COUNTY Baltimorec. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimored. STREET ADDRESS (If rural, give location)  
2536 Madison Ave.8. DATE OF BIRTH  
May 25, 1911

9. AGE (In years last birthday)

11. BIRTHPLACE (State or foreign country)  
Baltimore, Md.12. CITIZEN OF WHAT COUNTRY?  
U. S. A.14. MOTHER'S MAIDEN NAME  
Unknown17. INFORMANT  
Mrs. Alex DayADDRESS  
2536 Madison Ave.

18. 170X I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1 1952, to 7-23 1952, that I last saw the deceased alive on 7-23 1952, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

OATE RECEIVED BY

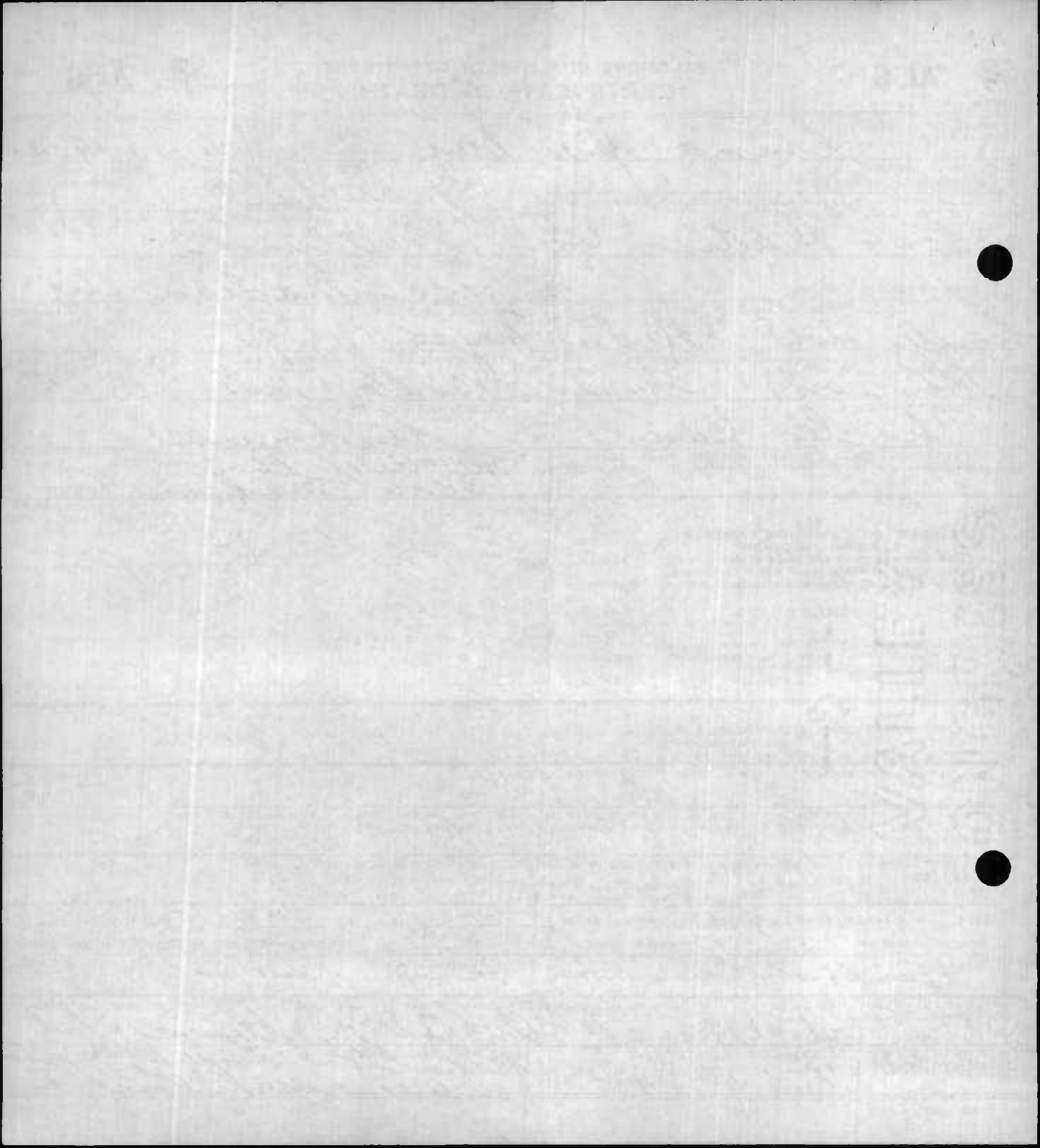
HOSPITAL REGISTRAR

REGISTRAR'S SIGNATURE

HUNTINGTON WILLIAMS, M.D.

FEDERAL DIRECTOR

ADDRESS



620

52 7057

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7057

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GRASON WILLIAM BURES

2. DATE  
OF  
DEATH

JULY 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

MD

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

7 E. WHEELING ST

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE

23-02

D. STREET ADDRESS (If rural, give location)

7 E. WHEELING ST

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JUNE 10, 1887

9. AGE (In years  
last birthday)

65

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

WATCHMAN

10B. KIND OF BUSINESS OR  
INDUSTRY

CITY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM BURES

14. MOTHER'S MAIDEN NAME

SARAH WILLIAMS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

219-32-7518

17. INFORMANT

ADDRESS

MRS LILLIAN STAUFFER 7E. WHEELING ST.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Mitral Insufficiency  
stenosis.  
Hypertension.  
Bronchopneumonia.INTERVAL BETWEEN  
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1952, to July 25, 1952, that I last saw the  
deceased alive on July 22, 1952, and that death occurred at 11:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Huntington Williams, M.D.

1424 W. Fayette St. 7/26/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

7/28/52

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE

24D. LOCATION (City, town, or county)

EAST END - NORTH AVENUE

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 27 1952

Huntington Williams, M.D.

JOHN F. DENNY, INC 715 LIGHT ST

1429 W FAVER

600

52 7058

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7058

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ADDA ELIZABETH PARR

2. DATE  
OF  
DEATH

7/26/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Penna

Adams

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

100 Croydon Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Littlestown

V-35

Length of stay in Baltimore

1 1/2 Years

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

42 N. Queen Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

12/30/1859

9. AGE (in years last birthday)

92

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Aunt

11. BIRTHPLACE (State or foreign country)

Canoll Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Crouse

14. MOTHER'S MAIDEN NAME

Lauria Kliner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. Glenn Miller

ADDRESS

100 Croydon Rd. Baltimore, Md.

18. 451X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

RUPTURE ANEURYSM

7/26/52

DUE TO

ABDOMINAL

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949 to 7/26/52, 1952, that I last saw the deceased alive on 7/26/52, 1952, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Walter E. Kufg in

23B. ADDRESS

4331 Harford Rd

23C. DATE SIGNED

7/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/29/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cem.

24D. LOCATION (City, town, or county) (State)

Littlestown, Adams Co. PA

DATE RECEIVED BY

JUL 27 1952

REGISTRAR'S SIGNATURE

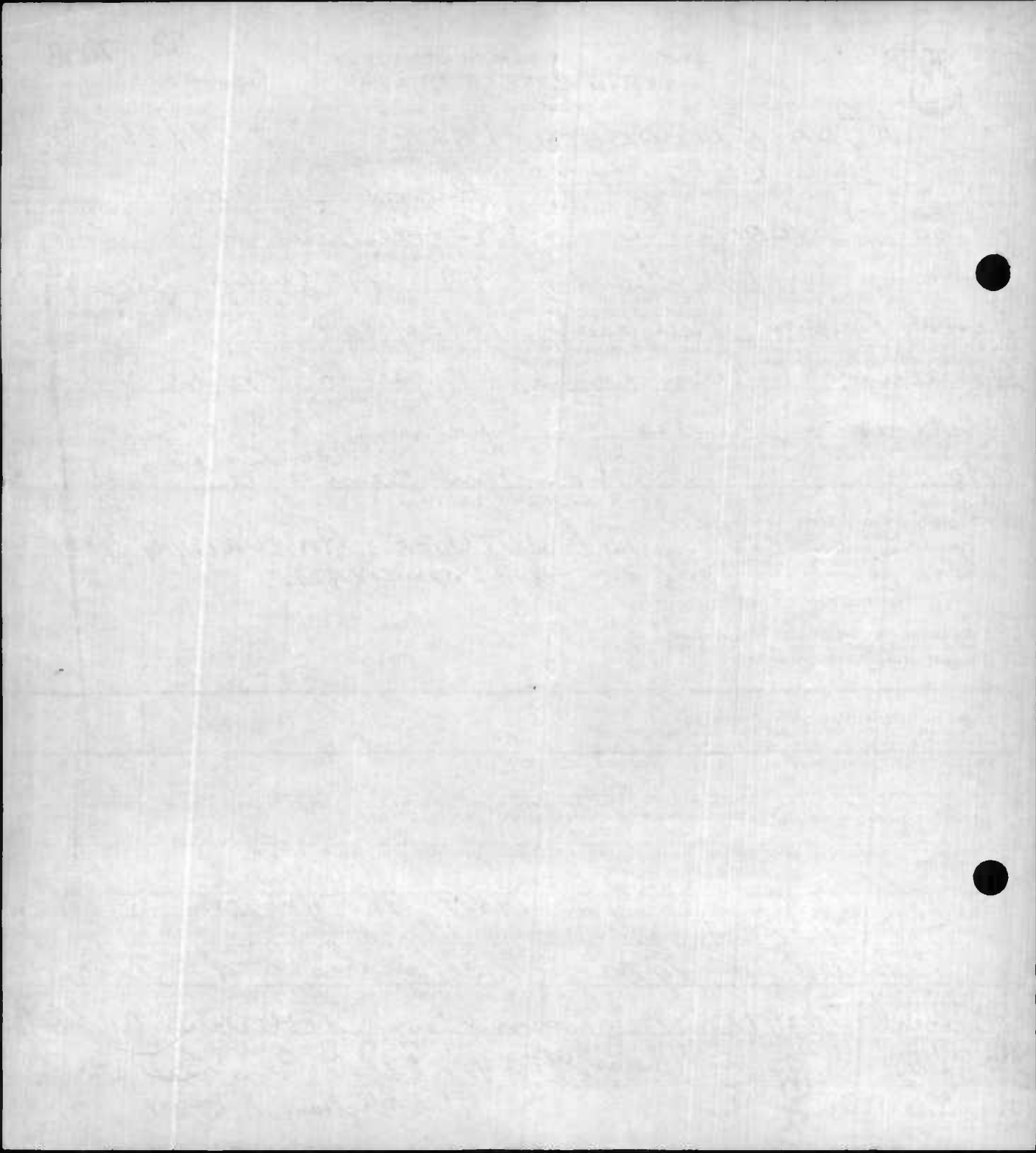
Huntington Williams, MD

25. FUNERAL DIRECTOR

J. M. Little, Jr. Littlestown PA

ADDRESS

Per Richard A. Little



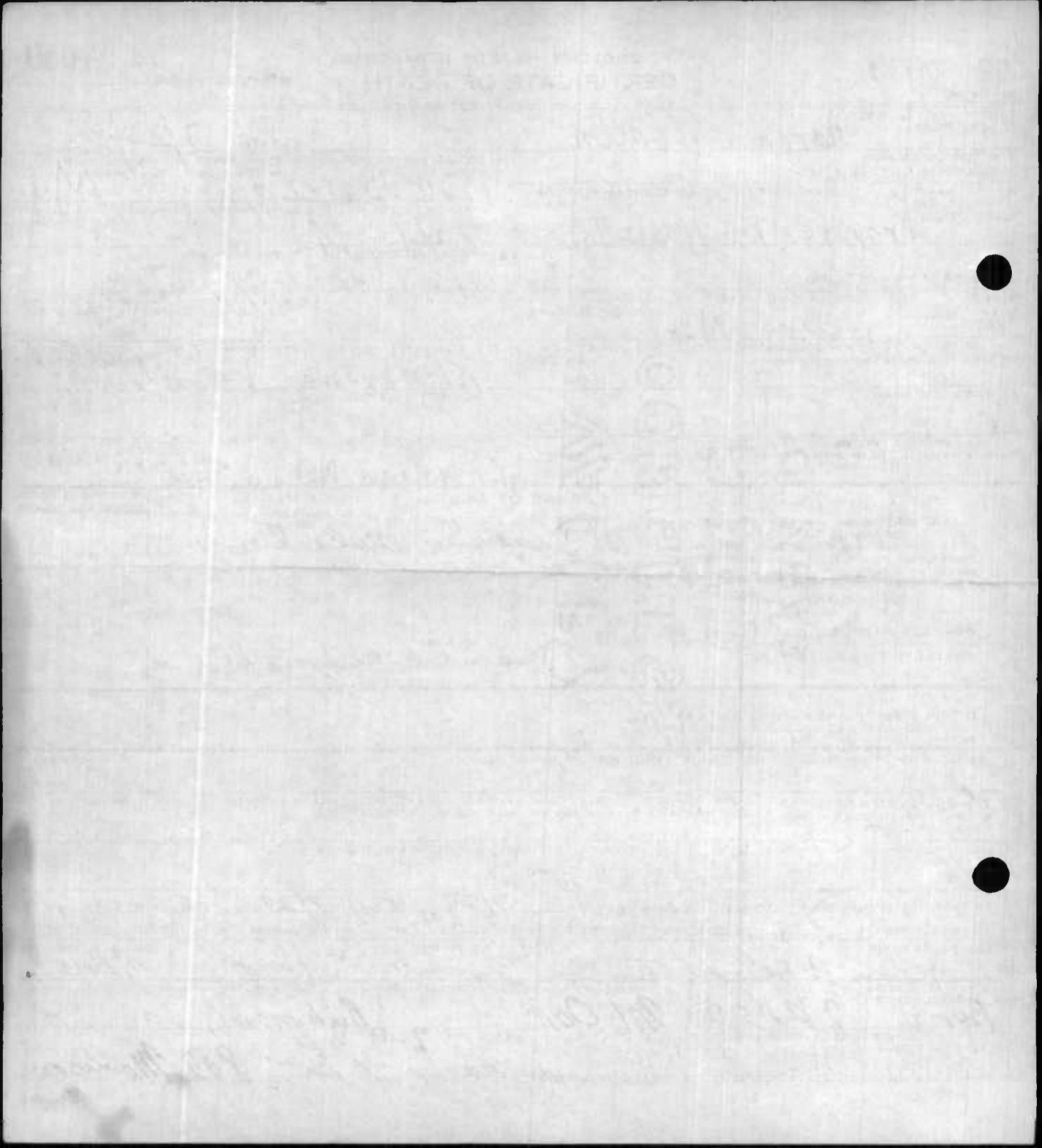
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U.S. 153

52 7059

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7059  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Aaron Brown</i>		2. DATE OF DEATH <i>7/24/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>ST.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. Md. 12-05</i>			
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1712 Barclay St.</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH	9. AGE (In years last birthday) <i>57?</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Richmond Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Dr. Nathan Needle 6006 Park Heights Ave</i>			
18. <i>260X 1</i>		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Diabetes mellitus</i>			
DUE TO		(B) <i>Diabetic acidosis + Coma</i>			
DUE TO		(C) <i>Diabetic acidosis + Coma</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7/24</i> 1952 to <i>7/24</i> 1952 that I last saw the deceased alive on <i>7/24</i> 1952 and that death occurred at <i>3:35</i> A.M., from the causes and on the date stated above.					
23A. SIGNATURE <i>John H. Holmes III</i>		23B. ADDRESS <i>Provident Hosp.</i>		23C. DATE SIGNED <i>7/26/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7/29/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Oak</i>	
24D. LOCATION (City, town, or county) (State) <i>Richmond, Va</i>		25. FUNERAL DIRECTOR <i>Charles R. Law</i>		ADDRESS <i>802 Madison Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 27 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR ADDRESS	



52 7060

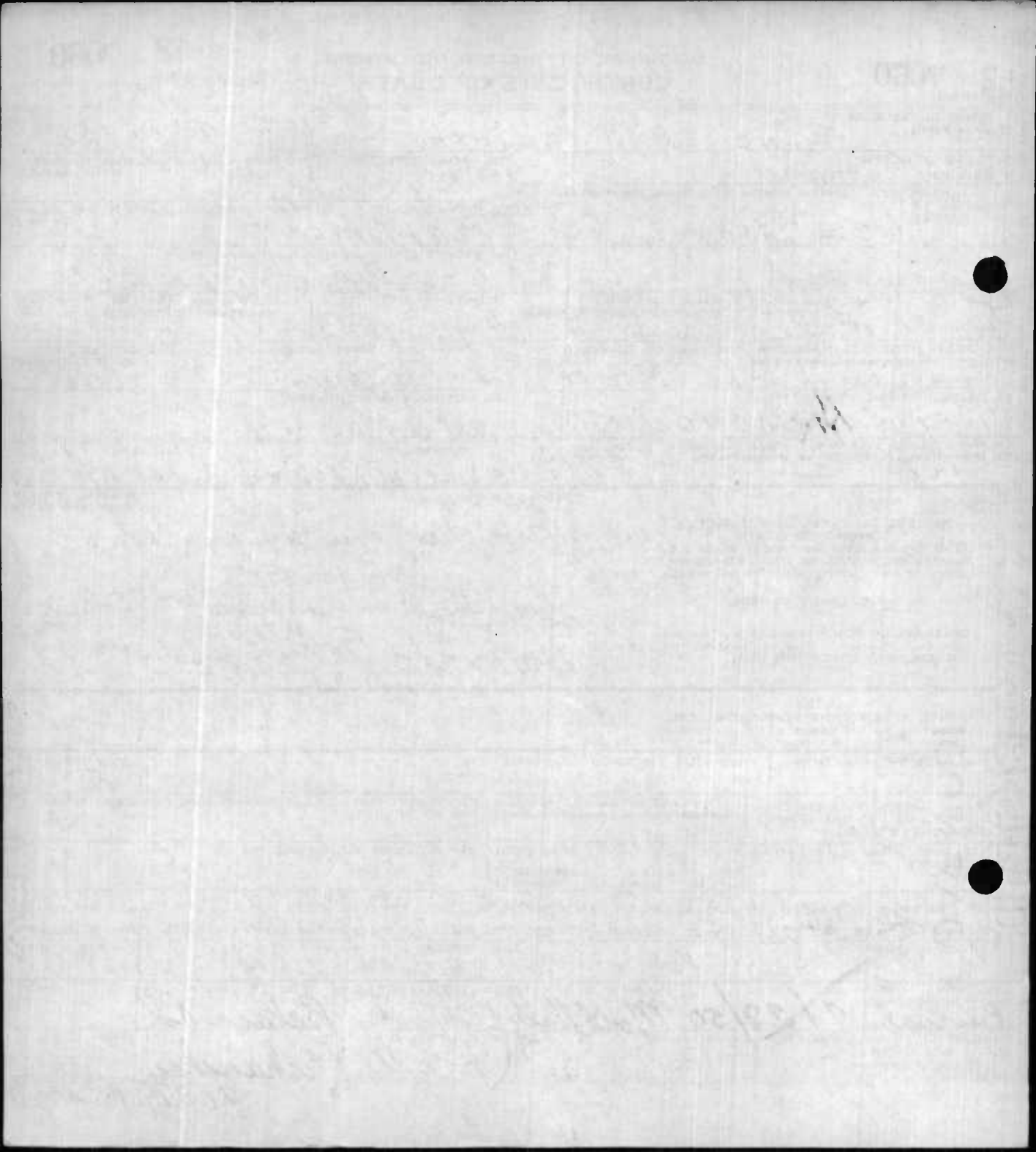
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7060  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>FRANCIS A. Kuchinsky</b>		2. DATE OF DEATH <b>7/24/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>622 WASHINGTON BLVD</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 22-02</b>	
D. STREET ADDRESS/ (If rural, give location) <b>622 WASHINGTON BLVD</b>		E. LENGTH OF stay in Baltimore <b>43</b> Yrs. Mos. Days	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug 15, 1883</b>
9. AGE (In years last birthday) <b>68</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TAILOR</b>	10B. KIND OF BUSINESS OR INDUSTRY <b>CART-MAKER</b>	11. BIRTHPLACE (State or foreign country) <b>LITHUANIA</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>VINCENT ARMONOVICH</b>	
14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>218-03-2381</b>		17. INFORMANT <b>VINCENT KUCHINSKY</b> ADDRESS <b>622 WASH BLVD</b>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Bronchogenic Carcinoma left. 6-12 mo.</b>		CAUSE OF DEATH (A) DUE TO <b>Generalized arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5-8 yr.</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive Arthritis generalized 3-5 yr.</b>		(B) DUE TO		(C)	

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (if in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June 2nd</b> , 19 <b>52</b> , to <b>July 24th</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>July 24, 1952</b> , and that death occurred at <b>6:10 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>642 Wash Blvd</b>		23C. DATE SIGNED <b>7-25-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/28/50</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Most Holy Redeemer</b>	
24D. LOCATION (City, town, or county) <b>Belair Rd.</b>		24E. STATE <b>Md</b>		25. FUNERAL DIRECTOR <b>Chas. W. Kachauskas</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 27 1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>703 McKenney St.</b>	



52 7061

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7061

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ISAAC Rosenzweig			2. DATE OF DEATH July 24, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-02		
Length of stay in Baltimore 40 yrs			D. STREET ADDRESS (If rural, give location) 830 McAleer Court		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 1876	9. AGE (In years last birthday) 76	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchmen Food Fair			10B. KIND OF BUSINESS OR INDUSTRY Food Store		11. BIRTHPLACE (State or foreign country) Roumania
12. CITIZEN OF WHAT COUNTRY? USA.			13. FATHER'S NAME Unknown		
14. MOTHER'S MAIDEN NAME Dorothy ?			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		
16. SOCIAL SECURITY NO. 220-18-8896			17. INFORMANT Mr Samuel Rosenawieg		
18. ADDRESS 2926 Forest Glen RD					

18. 260X  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
Arteriosclerotic cardiovascular disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diabetes

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William W. Williams, M.D.		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED July 25, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 27, 1952		24C. NAME OF CEMETERY OR CREMATORY Hebrew Young Men Cemetery	
24D. LOCATION (City, town, or county) Windsor Mill Road		24E. DATE RECEIVED BY LOCAL REGISTRAR JUL 27 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Sol Levinson & Bros		24H. ADDRESS 1126 W		24I. NORTH ANGLE	

STATE OF NEW YORK  
DEPARTMENT OF TAXATION

1941

Blank tax form with horizontal lines for text entry.

346

52 7062

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7062

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANNA HILER

2. DATE  
OF  
DEATH

7-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

2201 Brookfield Ave

Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2201 Brookfield Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Henry Adler - 3506 Medfield Road

18. 422.1 and 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 year

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 24, 1950, to July 25, 1952, that I last saw the deceased alive on July 25, 1952, and that death occurred at 9:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Albert Subitashy

23B. ADDRESS

5415 Park Heights Ave.

23C. DATE SIGNED

July 26, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

July 27, 1952

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUL 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

St. Louis One - 2100 East

ADDRESS

2100 East

VS 150

MEDICAL CERTIFICATION

Gubintyky  
5415 Park Heights  
Lv 9781

242  
52 7063BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7063

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SAMUEL MICHAELSON

2. DATE  
OF  
DEATH

7-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3118 Bancroft Road

Yrs.  
Mos.  
Days

32

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3118 Bancroft Road

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years)

last birthday

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

merchant

10B. KIND OF BUSINESS OR INDUSTRY

Food Business

11. BIRTHPLACE (State or foreign country)

Latvia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Yeshua

14. MOTHER'S MAIDEN NAME

Rosie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Minnie Michaelson - Same

18. 4 yr. 1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Anderson's Disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1950, to July 26, 1952, that I last saw the deceased alive on June 19, 1952, and that death occurred at 9:11 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Daniel J. Schwartz

M. D.

2320 Eutaw Place

7/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

7-27-52

Quar Israel

Baltimore

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 27 1952

Huntington Williams

2100 Eutaw Pl

Schwartz  
2370 Beulah PE

52 7064

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

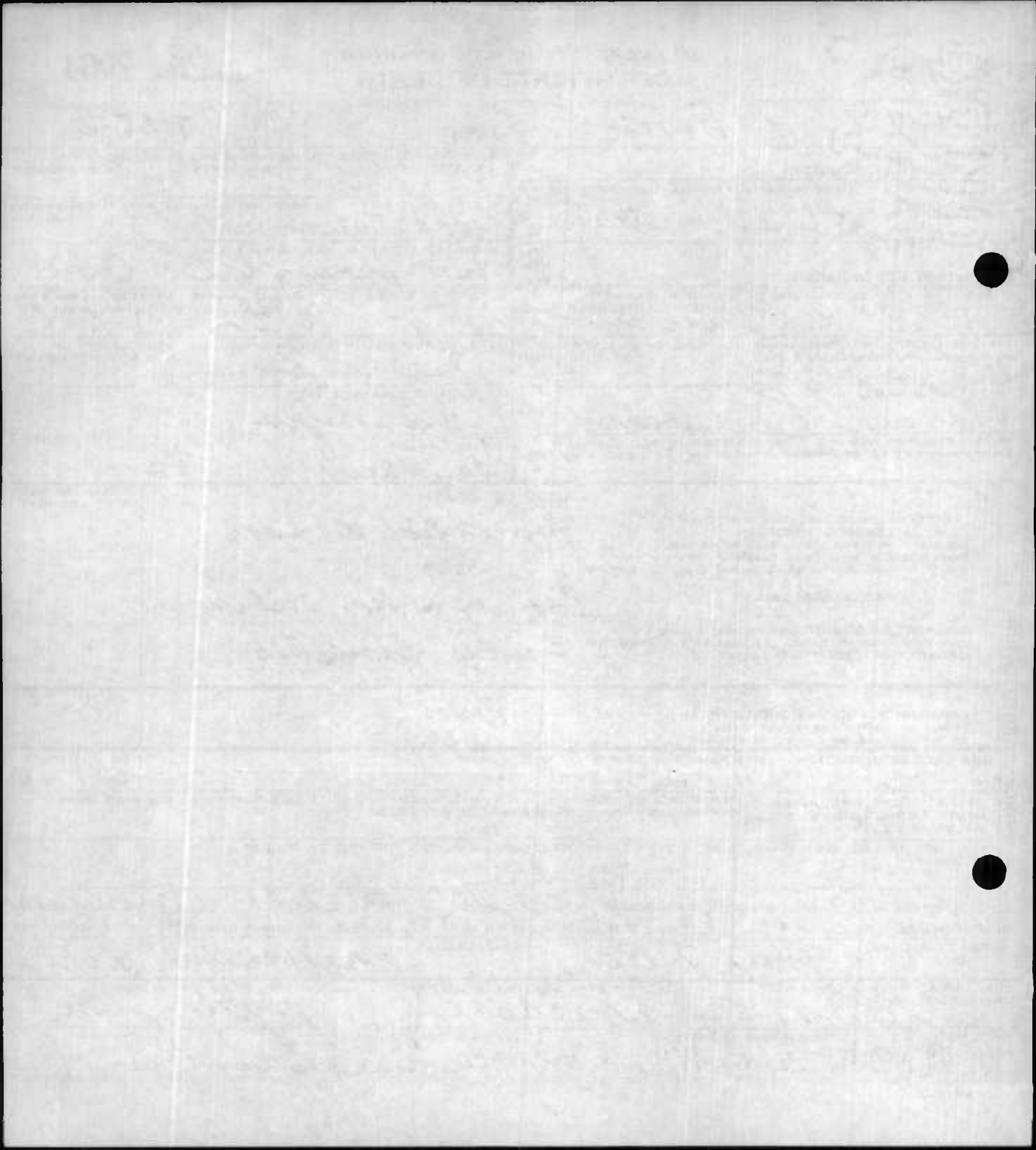
Registered No. 52 7064

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Bessie Fine</b>		2. DATE OF DEATH <b>7.25.52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sinai Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 15-10</b>	
D. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>4015 Springdale Ave</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>Israel Laucman</b>		14. MOTHER'S MAIDEN NAME <b>Rasha Shifra</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Ida Barron -</b>		ADDRESS <b>Same</b>	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <b>Myocardial damage</b> DUE TO (B) <b>Coronary artery occlusion</b> DUE TO (C) <b>portal thrombosis</b>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7.25</b> , 19 <b>52</b> , to <b>7.25</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7.25</b> , 19 <b>52</b> , and that death occurred at <b>7:45</b> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Joseph Taler</b>		23B. ADDRESS <b>Sinai Hospital</b>		23C. DATE SIGNED <b>7.25.52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7-27-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Rosedale</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. STATE <b>Md</b>		24F. ADDRESS <b>2100 Canton Rd</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 27 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		F. FUNERAL DIRECTOR <b>Jack Lewis</b>	



52 7065

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7065

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MRS. MABEL KRUEGEL

2. DATE  
OF  
DEATH

July 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Union Memorial?

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

BALT.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

Rural

D. STREET ADDRESS (If rural, give location)

524 EASTERN AVE.

53-00

C. Length of stay in Baltimore

9

Yrs.  
Mos.  
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CASHIER

10B. KIND OF BUSINESS OR INDUSTRY

Moving Picture

13. FATHER'S NAME

EDWIN

RUSSELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. WILLIAM PROSS 524 EASTERN AVE.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) carcinoma of sigmoid  
colon with metastases  
to liver.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1952, to July 26, 1952, that I last saw the deceased alive on July 26, 1952, and that death occurred at 7:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 27 1952

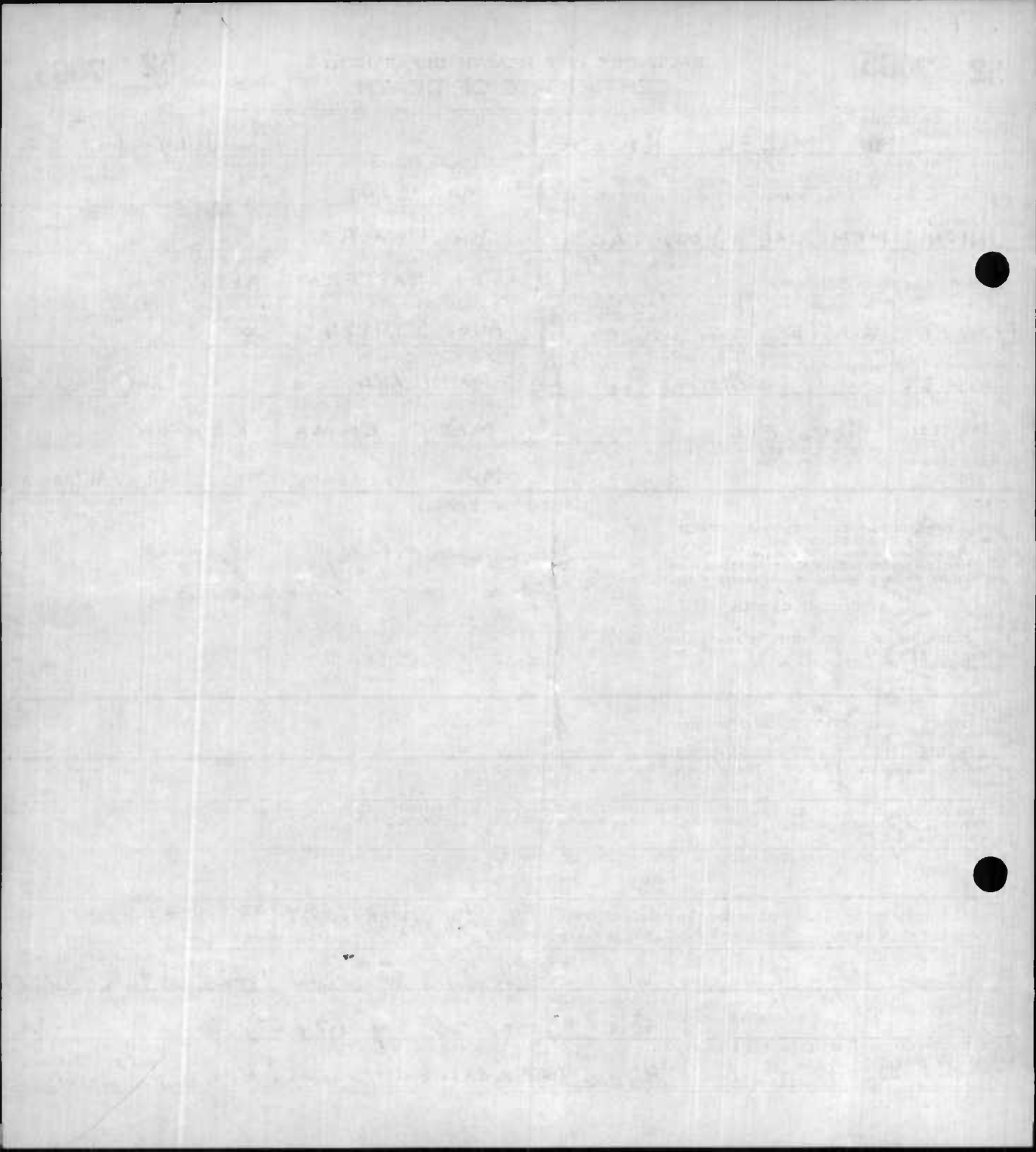
Huntington Williams, M.D. Lassahn Funeral Home

7401 Belair Rd Balto Md

VS 150

32084

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7066  
Registered No. \_\_\_\_\_

52 7066  
BIRTH NO. \_\_\_\_\_

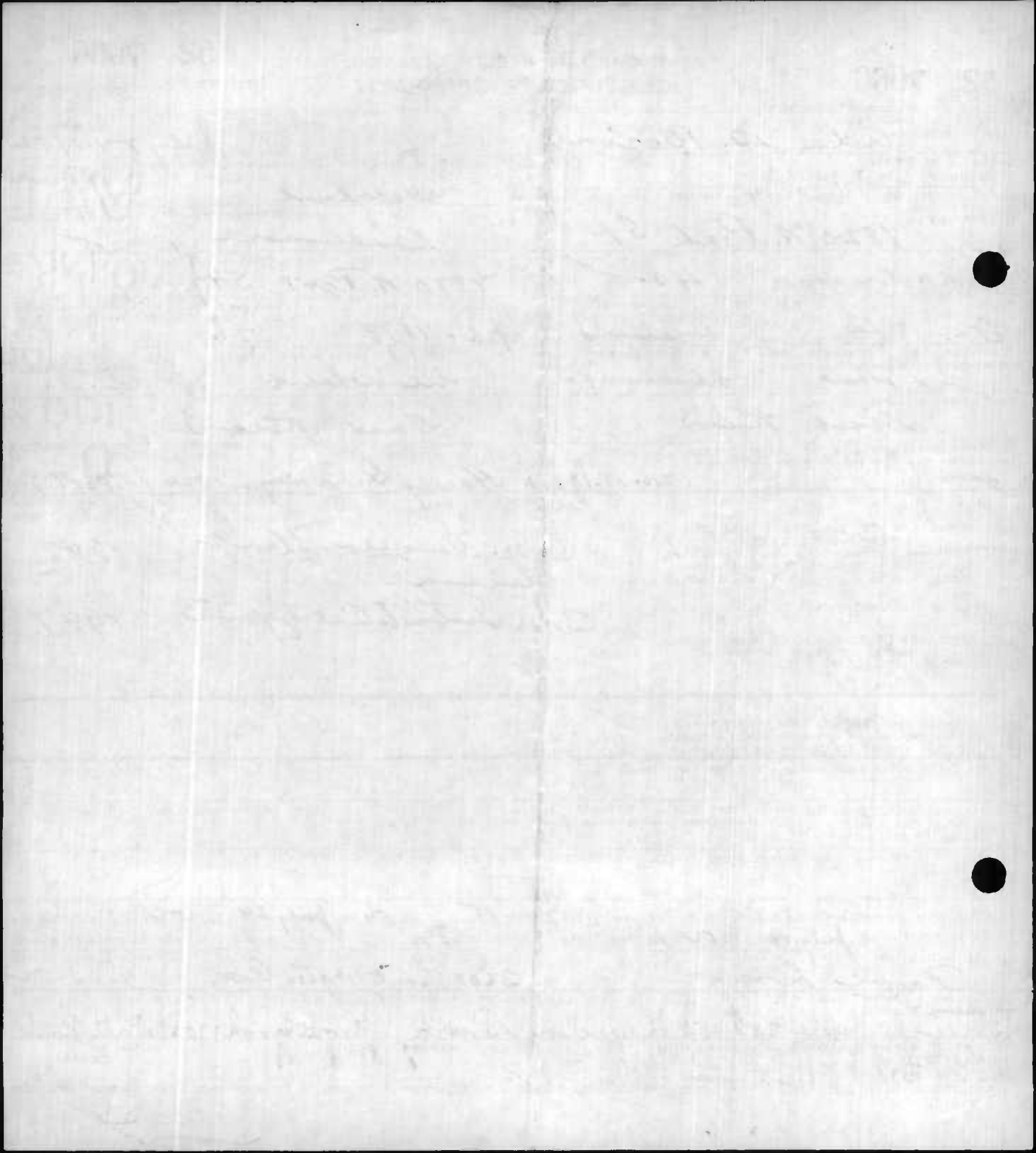
1. NAME OF DECEASED (Type or Print) <i>Ada B. Boring</i>			2. DATE OF DEATH <i>July 24-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1820 N. Port St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-02</i>		
C. Length of stay in Baltimore <i>42- /</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1820 N. Port St.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb - 1878</i>	9. AGE (in years last birthday) <i>74</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>housewife</i>		
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>		
13. FATHER'S NAME <i>Don't Know</i>			14. MOTHER'S MAIDEN NAME <i>Don't Know</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>210-05-1087A</i>		17. INFORMANT ADDRESS <i>Harry B. Boring - 1820 N. Port St</i>	

18. <i>592X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Chr. Valvular Heart Disease</i> DUE TO <i>disease</i> (B) <i>Chr. Interstitial Nephritis</i> DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>1947</i>  <i>1947</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *June 15*, 19*52*, to *July 24*, 19*52* that I last saw the deceased alive on *July 24*, 19*52* and that death occurred at *6:30 p.* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Paul Brown</i>		23B. ADDRESS <i>3602 Liberty Hgts. Ave.</i>		23C. DATE SIGNED <i>7-24-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>July 28 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Lochbrook 17036 Pott Park</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>ave</i>	



**CERTIFICATE CORRECTED**

8-8-52

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7067

52 7067

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JAMES JENNINGS</b>		2. DATE OF DEATH <b>7.26.52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>A. A.</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodcliff Hospital</b>		C. CITY OR TOWN <b>Beverly Park</b> (If outside corporate limits, write RURAL and give township)	
D. LENGTH OF STAY IN BALTIMORE <b>life</b>		E. STREET ADDRESS (If rural, give location) <b>Route #2 Box 463</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8.31.1894</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>54 (57)</b>
13. FATHER'S NAME <b>James M. Jennings</b>		14. MOTHER'S MARDEN NAME <b>Rachel Harris</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
17. INFORMANT		ADDRESS	

18. <b>592X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Nephrosclerosis, chronic</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B)</b> DUE TO <b>(C)</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7.21.52</b> , to <b>7.26.52</b> , that I last saw the deceased alive on <b>7.26.52</b> , and that death occurred at <b>11:56</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>James D. Carr</b>		23B. ADDRESS <b>1427 Madison Ave</b>		23C. DATE SIGNED <b>7.26.52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>7/30/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Down Neck</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. LOCATION (City, town, or county) <b>Baltimore</b>		24F. LOCATION (City, town, or county) <b>Ind</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 27 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		FUNERAL DIRECTOR <b>J. B. Johnson</b>	
VS 150					

MEDICAL CERTIFICATION

Handwritten text, possibly a date or name.

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52 7068

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7068  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ALOIS KIMMEL

2. DATE  
OF  
DEATH

7/24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hosp.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

B. Widowed

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

20-02

D. STREET ADDRESS (If rural, give location)

2732 Kinsey Ave.

Length of stay in Baltimore

35

Yrs.

Mos.

Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

B. Widowed

8. DATE OF BIRTH

11/14/86

9. AGE (In years,  
last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR  
INDUSTRY

Guest Mngt Firm accs.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

US

13. FATHER'S NAME

Unknown

OIL BURNING (M)

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

(If yes, give year or dates of service)

No

16. SOCIAL  
SECURITY NO.

578-05-1077

17. INFORMANT

ADDRESS

Walter Kimmel 2732 Kinsey Ave

18. 576X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

peritonitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

perforated viscus.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

hypertension.

diabetes mellitus.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 7/23, 1952, to 7/24, 1952, that I last saw the  
deceased alive on 7/24, 1952, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 27 1952

Huntington Williams, M.D.

Mel A. Williams

6067 Bay.

7703D

RA

MEDICAL CERTIFICATION

BOOK

52

RECEIVED IN HEALTH DEPT. 1900

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CERTIFICATE OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

52 7069

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**Jesse Bryan**

**BURTON**

2. DATE  
OF  
DEATH

**July 26, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

**Franklin Square Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

**Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**2031 W. Baltimore Street**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

**May 28, 1899**

9. AGE (in years last birthday)

**53**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Carpenter**

10B. KIND OF BUSINESS OR INDUSTRY

**?**

11. BIRTHPLACE (State or foreign country)

**W. Va.**

12. CITIZEN OF WHAT COUNTRY?

**U.S.**

13. FATHER'S NAME

**Jesse Burton**

14. MOTHER'S MAIDEN NAME

**Sadie**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, in or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

**235-01-2771**

17. INFORMANT

ADDRESS

**Rosemary Burton Bentley W. Va.**

18. **472.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, apoplexy, etc. It means the disease, injury or complication which caused death.)

(A) **Anteriosclerotic Cardiovascular Disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT ☐ WORK WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**R. J. Fisher**

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

**7/26/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**7-29-52**

24C. NAME OF CEMETERY OR CREMATORY

**Green Oak**

24D. LOCATION (City, town, or county)

**7 Barclay W. Va.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

**Edward J. Steward 2503 Edmondson**

TO THE COMMISSIONER OF THE LAND OFFICE

FROM THE LAND OFFICE

RECEIVED BY THE COMMISSIONER OF THE LAND OFFICE

FROM THE LAND OFFICE

RECEIVED BY THE COMMISSIONER OF THE LAND OFFICE

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FROM THE LAND OFFICE

RECEIVED BY THE COMMISSIONER OF THE LAND OFFICE

FROM THE LAND OFFICE

52 7070

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7070  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JOHN THOMAS WHITTINGHAM</b>			2. DATE OF DEATH <b>July 25, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 13-08</b>		
Length of stay in Baltimore <b>24 years</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>3622 Parkdale Avenue</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 16, 1892</b>	9. AGE (In years last birthday) <b>59</b>	10. Under 1 Year Months: Days: 11. Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baker</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Ward Baking Co.,</b>	11. BIRTHPLACE (State or foreign country) <b>England</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13. FATHER'S NAME <b>Thomas Whittingham</b>			14. MOTHER'S MAIDEN NAME <b>Hannah Burden</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>215-03-4328</b>	17. INFORMANT ADDRESS <b>Howard J. Whittingham 3622 Parkdale Ave.</b>		

18. <b>443 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive arteriosclerotic cardiovascular vascular disease</b> (A) .....	CAUSE OF DEATH <b>Hypertensive arteriosclerotic cardiovascular vascular disease</b> (B) .....	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .....		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William J. [Signature]</i>	23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <b>July 25, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 28, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>
24D. LOCATION (City, town, or county) <b>Baltimore Co., Maryland</b>		(State)

DATE RECEIVED BY <b>JUL 27 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <b>Burgee Funeral Home 3631 Falls Road</b>
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50044 Horace F. Burgee

RECEIVED BY THE DIRECTOR  
OF THE BUREAU OF REVENUE  
WASHINGTON, D. C.

10-10-10

52 7071

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7071  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Miss Jennie I. Rodgers

2. DATE  
OF  
DEATH

July 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Haven Nursing Home  
4515 Garrison Boulevard

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3734 Roland Avenue

c. Length of stay in Baltimore

80 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 14, 1869

9. AGE (In years last birthday)

82

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Straw Hat operator

10B. KIND OF BUSINESS OR INDUSTRY

Retired 10 yrs.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U S A

13. FATHER'S NAME

Jarrett N. Rodgers

14. MOTHER'S MAIDEN NAME

Margretta Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. F. J. Hamilton 3734 Roland Avenue

18. 490X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) .....

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

INTERVAL BETWEEN  
ONSET AND DEATH

3 days

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1951, to July 25, 1952, that I last saw the deceased alive on July 24, 1952, and that death occurred at 3 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 28, 1952

24C. NAME OF CEMETERY OR CREMATORY

Bine Grove

24D. LOCATION (City, town, or county)

Baltimore Co., Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 27 1952

Huntington Williams, MD

Burgee Funeral Home 3631 Falls Road

Horace F. Burgee

INSTITUTIONAL REPORT OF DEATH  
CERTIFICATE OF DEATH

THE DEATH OF

NAME

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

EDUCATION

RELIGION

ETHNICITY

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

IMMEDIATE CAUSE

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

EDUCATION

RELIGION

ETHNICITY

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

52 7072

BIRTH NO.

JACOBS  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7072

1. NAME OF DECEASED (Type or Print) <i>William Jacobs</i>			2. DATE OF DEATH <i>24 July 1952</i> <i>4 a.m.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>May 1876</i>	9. AGE (In years last birthday) <i>76</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Harry Jacobs</i>			14. MOTHER'S MAIDEN NAME <i>Blava</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Little Sisters of the Poor</i>		

18. <i>4221 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Chronic Myocarditis</i> DUE TO (B) <i>Arterio Sclerosis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i> <i>5 yrs</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *July 15, 1952* to *July 24, 1952*, that I last saw the deceased alive on *July 20, 1952*, and that death occurred at *4A* m., from the causes and on the date stated above.

23A. SIGNATURE <i>W. E. Gell Hall M.D.</i>	23B. ADDRESS <i>1631 E North Ave</i>	23C. DATE SIGNED <i>July 24-52</i>
---	---	---------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 28/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 27 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Rita Wiedefeld 900 E Biddle St</i>	

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

1915

FILE NO.

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

626  
52 7073KRIEGER  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7073  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

E. Charles Krieger

2. DATE  
OF  
DEATH24 July 1952  
2 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1200 Valley St

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION Little Sisters of the Poor

C. Length of stay in Baltimore

6 weeks

5. SEX

male

6. COLOR OR RACE

W. White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

18 March 1868

9. AGE (in years  
last birthday)

84

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Krieger

14. MOTHER'S MAIDEN NAME

Eveline Krieger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Little Sisters of the Poor

18. 421.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Mitral Stenosis

3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio Sclerosis

5 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1952, to July 24, 1952, that I last saw the  
deceased alive on July 20, 1952, and that death occurred at 2 P.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Gull Hall M.D.

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

July 24-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 27 1952

24B. DATE

July 29/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Baltimore

(State)

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Rita Wiedefeld 900 E. Beddle St

ADDRESS



365

52 7074

BUTRIM  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7074

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph Butrim

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-02

C. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

846 Mc Aleen Ct.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1-10-16

9. AGE (In years  
last birthday)

36

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

LABOR

10B. KIND OF BUSINESS OR  
INDUSTRY

FISCHER BODY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

MARTIN BUTRIM

14. MOTHER'S MAIDEN NAME

AGNES BUTRIMOVITCH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

216-10-4138

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 240 X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Chronic meningococcal

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Rhinoecia

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-15, 1952, to 7-23, 1952, that I last saw the  
deceased alive on 7-23, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

C. D. Kaplan

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7-25-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

11 27 1952

Huntington Williams, M.D.

Lippel Bros. 1800 E COMBARD ST

VS 150

97035

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

10-22-72

10-22-72

CORRECTION 9/10/52 ES

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Roseanna Jordan Roberts

2. DATE  
OF  
DEATH

July 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5-12-96

9. AGE (In years  
last birthday)

56

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Thomas M. Jordan

14. MOTHER'S MAIDEN NAME

May Leib

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

18. 175X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Carcinomatosis

1-2 yrs?

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Operative Note: Cystadenocarcinoma  
of the ovary, bilateral with metastasis  
to the cul-de-sac, left uterosacral  
ligament, bladder, peritoneum and  
mesoappendix.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-13-51

19B. MAJOR FINDINGS OF OPERATION

Metastatic carcinoma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

7 25 '52 135 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16, 1952 to 7/25, 1952, that I last saw the  
deceased alive on 7/25, 1952, and that death occurred at 135 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. G. Grace

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7-25-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

7/28/52

24C. NAME OF CEMETERY OR CREMATORY

Center Cemetery

24D. LOCATION (City, town, or county)

Rural Stewartstown, Pa.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickens &amp; Sons

ADDRESS

Baltimore 17, Md.

VS 150

MEDICAL CERTIFICATION

Pathological note in Document File

52-7075

9/10/52 ES

55  
52 7076

52 7076

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>AUGUSTA POEHLMANN</b>		2. DATE OF DEATH <b>July 25, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Long Green Nursing Home</b> <b>115 E. Melrose Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		E. STREET ADDRESS (If rural, give location) <b>1725 E. 33rd St.</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Jan 2, 1874</b>
9. AGE (In years last birthday) <b>78</b>		10. Under 1 Year Months _____ Days _____	11. Under 24 Hours Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <b>August Frohnhauser</b>		14. MOTHER'S MAIDEN NAME <b>Justine Kramer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mr. Joseph S. Knapp</b>		ADDRESS <b>- 2926 Wyman Pkwy.</b>	

MEDICAL CERTIFICATION

18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CEREBRAL HEMORRHAGE</b> DUE TO <b>ARTERIOSCLEROSIS</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>ARTERIOSCLEROSIS</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <b>CEREBRAL HEMORRHAGE</b> <b>ARTERIOSCLEROSIS</b>	INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
19A. DATE OF OPERATION <b>7/28/52</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>July 25, 1952</b> , to <b>July 25, 1952</b> , that I last saw the deceased alive on <b>July 25, 1952</b> , and that death occurred at <b>6:30 A.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Samuel Shelich</b>	23B. ADDRESS <b>11 St. Bradlee St.</b>	23C. DATE SIGNED <b>7/25/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/28/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 27 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Wm. J. Tucker &amp; Sons</b> <b>Balto 17, Md.</b>	

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

PLANT INDUSTRY  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

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BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **52 7077**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**COURTLAND DUNBAR**

2. DATE  
OF  
DEATH

**July 23, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

**Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**Baltimore City Morgue**

C. CITY OR TOWN

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**520 S. Hanover St.**

5. SEX

**male**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Divorced**

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year: Months: Days  
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**carpenter**

10B. KIND OF BUSINESS OR INDUSTRY

**Building Construction**

11. BIRTHPLACE (State or foreign country)

**Pembroke Va.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**James W. Dunbar**

14. MOTHER'S MAIDEN NAME

**Celestine Collins**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
**235 16 1768**

17. INFORMANT

ADDRESS

**Dorsey Funeral Home Hopewell, Va.**

18. **073X I**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Luetic and arteriosclerotic cardiovascular disease**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .....  
DUE TO  
(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*R. Fisher*

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED  
**July 24, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE

**7/28/52**

24C. NAME OF CEMETERY OR CREMATORY

**St. Peters**

24D. LOCATION (City, town, or county)

**Baltimore Md**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, Jr.*

25. FUNERAL DIRECTOR

*Wm. J. Lickner Sons Ntla. Ave.*

1770

SP

56



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7078  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JOHN A. GEMELLARO</b>			2. DATE OF DEATH <b>July 25, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>3616 E. Lombard Street</b>			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>May 30 1915</b>	9. AGE (in years last birthday) <b>37</b>	10. Under 1 Year Months _____ Days _____ 11. Under 24 Hours Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Barber shop</b>		
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13. FATHER'S NAME <b>Marcello Gemellaro</b>			14. MOTHER'S MAIDEN NAME <b>Maria Palella</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Frank Gemellaro</b>			ADDRESS <b>3722 E. Lombard St.</b>		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary occlusion</b>		
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO
(C) DUE TO		(C) DUE TO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William V. Smith</i>		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED <b>July 25, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 28/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>70436 Belair Rd.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 28 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		FUNERAL DIRECTOR <i>Frank Sella</i> ADDRESS <b>322 S. High St.</b>	

7408F

STATE OF NEW YORK  
IN SENATE  
January 11, 1911.  
REPORT  
OF THE  
COMMISSIONERS OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION  
PASSED BY THE SENATE  
MAY 1, 1909.  
ALBANY:  
J. B. LIPPINCOTT & COMPANY, PRINTERS.  
1911.

652  
52 7079  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7079

1. NAME OF DECEASED (Type or Print) <b>Sarah Alice Barnes</b>		2. DATE OF DEATH <b>July 25/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>1007 Wilmington Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1007 Wilmington Avenue</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 21, 1965</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9. AGE (In years last birthday) <b>87</b>
11. BIRTHPLACE (State or foreign country) <b>Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Geo. Barnes</b>		14. MOTHER'S MAIDEN NAME <b>Catherine Dunn</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Lillian I. Collins</b>		ADDRESS <b>1007 Will</b>	

18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b>	CAUSE OF DEATH <b>mington Ave/</b>	INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b>	(A) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B) DUE TO	
	(C) DUE TO	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>June 23, 1952</b> to <b>July 25, 1952</b> that I last saw the deceased alive on <b>June 25, 1952</b> and that death occurred at <b>3 A. m.</b> , from the causes and on the date stated above.				
22A. SIGNATURE <b>John F. Johnson</b>		22B. ADDRESS <b>12 E. Biddle St</b>		22C. DATE SIGNED <b>July 27/52</b>
24A. (BURIAL, CREMATION, REMOVAL) (Specify) <b>Burial</b>	24B. DATE <b>July 28/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 28 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Harry F. Witzke</b>	ADDRESS <b>4101 Edmondway</b>	

MEDICAL CERTIFICATION

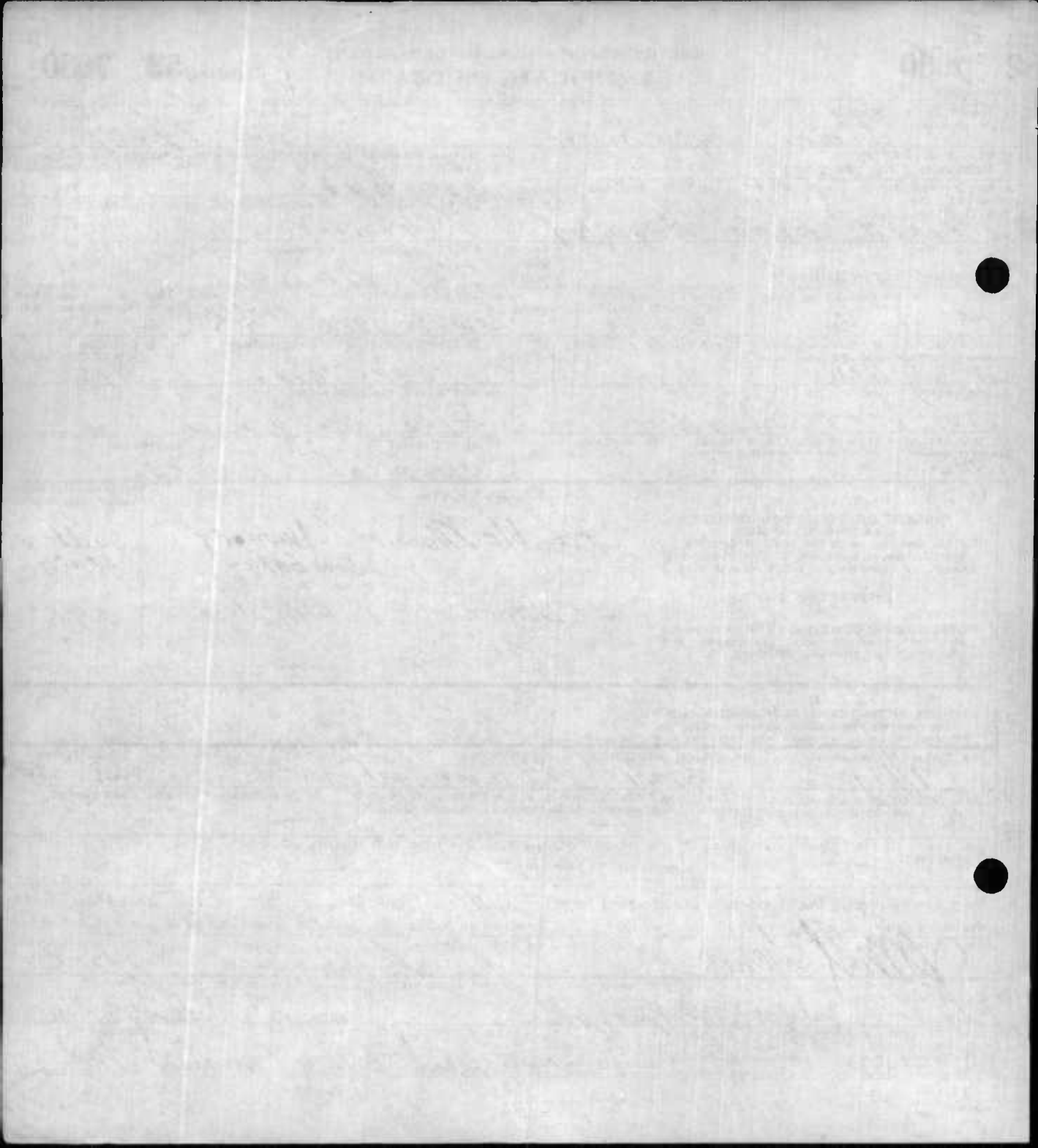
1915

RECEIVED

1915



BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 52 7080	
1. NAME OF DECEASED (Type or Print) <i>James Leroy Kiers</i>			2. DATE OF DEATH <i>7/27/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>BALTO</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>53-00</i>		
Length of stay in Baltimore Yrs. Mos. Days <i>731</i>			D. STREET ADDRESS (If rural, give location) <i>731 Annapolis</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Sept. 15, 1903</i>	9. AGE (In years last birthday) <i>48</i>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ship Fitter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Shipbuilding</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>Robert Leroy Kiers</i>		14. MOTHER'S MAIDEN NAME <i>Ellie Merriam</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknowns) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Hospital Records</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>DOX I</i>			CAUSE OF DEATH (A) <i>Possible Massive Pulmonary Embolus</i> DUE TO (B) <i>Pulmonary Tuberculosis</i> DUE TO (C)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH <i>Sudden Death</i> <i>8 YRS.</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>7/17/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Right Pneumorectomy</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7/11</i> , 1952 to <i>7/27</i> , 1952, that I last saw the deceased alive on <i>7/27/52</i> , 1952, and that death occurred at <i>6:15 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm. H. H. H.</i>		23B. ADDRESS <i>Church Home Hosp.</i>		23C. DATE SIGNED <i>7/27/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>July 30-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Knockville</i>	
24D. LOCATION (City, town, or county) (State) <i>Knockville, Tennessee</i>		24E. FUNERAL DIRECTOR <i>Wm. H. H. H.</i>		24F. ADDRESS <i>Knockville, Tennessee</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 28 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Wm. H. H. H.</i>	



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 7081

BIRTH NO. 364 7081

1. NAME OF DECEASED (Type or Print) <u>WILLIAM C. STIRLING</u>			2. DATE OF DEATH <u>July 24, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Anne Arundel</u>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>South Baltimore General Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Severna Park</u>		
6. LENGTH OF STAY IN BALTIMORE Yrs. <u>1</u> Mos. <u>1</u> Days <u>1</u>			D. STREET ADDRESS (If rural, give location) <u>Box 404</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 7, 1889</u>		9. AGE (In years last birthday) <u>63</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Haas Tailoring Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>William Stirling</u>			14. MOTHER'S MAIDEN NAME <u>Margaret Campbell</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>212-09-1151</u>	17. INFORMANT ADDRESS <u>Mrs. Ellen H. Stirling, Severna Park</u>		

18. <u>4 yr. 1 and 260x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Arteriosclerotic cardiovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH
(A) <u>Diabetes</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Diabetes</u> (C) <u>Diabetes</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <u>William H. Brooks</u>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <u>July 25, 1952</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>7/28/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24D. LOCATION (City, town, or county) (State) <u>Woodlawn, Maryland</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUL 28 1952</u>		25. FUNERAL DIRECTOR ADDRESS <u>Wm. Cook, Inc., 1217 St. Paul Street</u>		

4906E

MEDICAL CERTIFICATION

1954

RECEIVED BY THE DIRECTOR  
CENTRAL INTELLIGENCE AGENCY

1954

500  
2 7082BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7082  
X Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>DAVID TENNEY</b>		2. DATE OF DEATH <b>27 JULY 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>AA</b>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>UNIVERSITY OF MARYLAND HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 52-00</b>			
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>910 HAMMONDS LANE</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 1918</b>	9. AGE (In years last birthday) <b>35</b>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>WEST VIRGINIA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>PETER TENNEY</b>		14. MOTHER'S MAIDEN NAME <b>DOLLY ESKEW</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>unknown</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>MRS. DAVID TENNEY</b> ADDRESS <b>910 HAMMONDS LANE BALTIMORE 25 MD.</b>	
18. <b>754.6 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Spontaneous intercerebral hemorrhage</b> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Congenital Vascular Malformation.</b> DUE TO (B) _____ (C) _____		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <b>15 1/2 hrs.</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>27 July 1952</b>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LAYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>27 JULY, 1952</b> , to <b>27 JULY, 1952</b> , that I last saw the deceased alive on <b>27 JULY, 1952</b> , and that death occurred at <b>12:30 P m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>John D. Sharrett</b>		23B. ADDRESS <b>University, Md. Balt. 1 Md</b>		23C. DATE SIGNED <b>27 July 1952</b>	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>7/28/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Buckhannon 7 n Old Virginia</b>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <b>Wm. Cook Inc: Baltimore</b>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 28 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>			

MEDICAL CERTIFICATION

MINISTRE DE LA SANTE  
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SIGNATURE OF PHYSICIAN

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SIGNATURE OF PHYSICIAN

630  
52 7083BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7083

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Emma E. Byrd		2. DATE OF DEATH July 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION 422 Sanders Street		D. STREET ADDRESS (If rural, give location) 422 Sanders Street		Length of stay in Baltimore Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 3, 1869	9. AGE (In years last birthday) 82	If under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Mueller		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS William E. Byrd, 4318 Springwood Avenue	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Arterio-sclerotic Heart Disease DUE TO (B) Hemiplegic Arterio-sclerotic DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 14, 1951, to July 24, 1952, that I last saw the deceased alive on July 24, 1952, and that death occurred at 4:05 A.M., from the causes and on the date stated above.					
23A. SIGNATURE N. P. Friedman		23B. ADDRESS 1319 Lister St. M. D.		23C. DATE SIGNED 7/25/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 7/28/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. FUNERAL DIRECTOR Wm. Cook, Inc.		24F. ADDRESS 1217 St. Paul Street	
DATE RECEIVED BY LOCAL REGISTRAR JUL 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

MEDICAL CERTIFICATION



# CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

200  
 52 7084  
 BIRTH NO.

52 7084  
 Registered No.

1. NAME OF DECEASED (Type or Print) <b>THOMAS CZECK CZECH</b>		2. DATE OF DEATH <b>July 22, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Morgue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 3-02</b>	
D. STREET ADDRESS (If rural, give location) <b>820 E. Lombard Street</b>		5. AGE (In years last birthday) <b>67</b> If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		8. DATE OF BIRTH <b>1885</b>	
9. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Specify)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Pacunas</b>		ADDRESS	

18. <b>443x and 607x</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>(A) Hypertensive and arteriosclerotic</b> DUE TO <b>cardiovascular disease</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B)</b> DUE TO <b>(C)</b> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Pulmonary tuberculosis</b>	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>Thomas J. Deanecker M.D.</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>July 22, 1952</b>	
24A. BURIAL, CREMATION, OR OTHER (Specify)	24B. DATE <b>7/28/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St. Peter's</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore City</b>		
DATE RECEIVED BY LOCAL HEALTH DEPARTMENT <b>JUL 28 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Wm Cook &amp; Co. 1217 St. Paul St.</b>	

Letters confirming addition to diagnosis  
from Dr. Silverman, Director Bu. TBC and  
Chief Medical Examiner, Dr. Russell S. Fisher  
in Document File

653  
52 7085

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7085

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lydia Grantland</i>		2. DATE OF DEATH <i>7-26-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hospital of Md.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>1719 Light Street - 30</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>3-13-09</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>43</i>
11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>William Vicks</i>		14. MOTHER'S MAIDEN NAME <i>Josanna</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Family - same</i>		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>330 X 1</i> <i>Subarachnoid hemorrhage</i>	CAUSE OF DEATH (A) <i>Subarachnoid hemorrhage</i> DUE TO (B) <i>possible berry aneurysm and hypertension</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *noon 7-26, 1952*, to *7:30 7-26 1952* that I last saw the deceased alive on *July 26, 1952*, and that death occurred at *7:30 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE *Franklin L. Keller* M. D. 23B. ADDRESS *Lutheran Hospital* 23C. DATE SIGNED *July 26, 52*

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE <i>7-30-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Haven &amp; Green Borne</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 28 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>L. E. Carey</i>	ADDRESS <i>130 E. Fort Ave.</i>

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CERTIFICATE OF DEATH

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DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

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RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

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RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7086

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ETHEL I. POPE</b>		2. DATE OF DEATH <b>July 26, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>X</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>South Baltimore General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, written LOCAL and give township) <b>Baltimore</b>	
length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>3476 Childs Court</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8/21/88</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9. AGE (in years last birthday) <b>63</b>
13. FATHER'S NAME <b>?</b>		11. BIRTHPLACE (State or foreign country) <b>South Carolina</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		12. CITIZEN OF WHAT COUNTRY? <b>?</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Family - Same</b>	

18. <b>4221</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic Cardiovascular Disease</b> DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

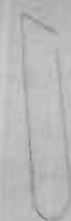
22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>R. S. Fisher</b>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D.	23C. DATE SIGNED <b>7/26/52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	24B. DATE <b>7/30/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>5400 7th Ave. S.C.</b>	24D. LOCATION (City, town, or county) (State) <b>Goombia, S.C.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 28 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>James L. Lee</b>	ADDRESS <b>- 130 E. Fort St.</b>
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OFFICE OF THE  
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 7087

BIRTH NO. 516 7087

1. NAME OF DECEASED (Type or Print) <b>JOHN AMBROSE</b>		2. DATE OF DEATH <b>July 27 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. Md.</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>124 S. Eden St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>124 S. Eden St.</b>		E. LENGTH OF STAY IN BALTIMORE <b>9 years</b> Yrs. <b>9</b> Mos. <b>0</b> Days <b>0</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 26, 1909</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Bethlehem Steel</b>	9. AGE (In years last birthday) <b>43 yrs.</b> If Under 1 Year: Months <b>0</b> Days <b>0</b> If Under 24 Hours: Hours <b>0</b> Min. <b>0</b>
11. BIRTHPLACE (State or foreign country) <b>Fairmont Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>?</b>		14. MOTHER'S MAIDEN NAME <b>?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b> (If yes, give war or dates of service) <b>none</b>		16. SOCIAL SECURITY NO. <b>?</b>	
17. INFORMANT <b>Belle Ambrose</b>		ADDRESS <b>124 S. Eden St.</b>	

**CAUSE OF DEATH**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  <b>CIRRHOSIS OF LIVER</b> DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	II. CAUSE OF DEATH <b>CIRRHOSIS OF LIVER</b> DUE TO  DUE TO  DUE TO	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION <b>7-27-52</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <b>PARTIAL AUTOPSY</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <b>RS Fisher</b> M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>7-27-52</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 29, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel</b>	24D. LOCATION (City, town, or county) <b>Balto.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 28 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
FUNERAL DIRECTOR <b>AMROSE FUNERAL HOME</b>		ADDRESS <b>1216 S. Charles St.</b>	

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MEDICAL CERTIFICATION

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DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

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July 23 1903

Mr. J. H. ...

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7088**

**652**  
BIRTH NO. **52 7088**

1. NAME OF DECEASED (Type or Print) <b>KAROLINA J. FRANZ</b>			2. DATE OF DEATH <b>July 26, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>3315 Crossland Ave.</b>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
Length of stay in Baltimore <b>67 yrs.</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>3315 Crossland Ave.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept. 15, 1874</b>		9. AGE (In years last birthday) <b>77</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Germany</b>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <b>John Hahn</b>		
14. MOTHER'S MAIDEN NAME <b>Susanna Oelschlegel</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT <b>Henry H. Franz 3315 Crossland Ave.</b>		

18. **450.0** CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
**Generalized arterio sclerosis**  
DUE TO

INTERVAL BETWEEN ONSET AND DEATH  
**?**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

**Hypertension, hemiplegia, gout.**

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 1944** to **July 26, 1952**, that I last saw the deceased alive on **7/5, 1952** and that death occurred at **11:45 am.**, from the causes and on the date stated above.

23A. SIGNATURE **George W. Huntington** M. D. 23B. ADDRESS **1114 St. Paul St.** 23C. DATE SIGNED **7/27/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 29, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Louisa Park</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>Ullrich Funeral Home 2008 Orleans St.</b>			

DATE RECEIVED BY LOCAL HEALTH DEPT.  
**JUL 28 1952**

REGISTRAR'S SIGNATURE  
**Huntington Williams**

838

THE UNIVERSITY OF CHICAGO  
LIBRARY

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7089**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Jones, Edward Forrest</b>		2. DATE OF DEATH <b>July 25, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>BALTO</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		C. CITY OR TOWN <b>Baltimore #22</b>	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2403 Fairway</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Dec. 9, 1886</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Gen</b>	9. AGE (In years last birthday) <b>65</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Henry Jones</b>		14. MOTHER'S MAIDEN NAME <b>?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Charles E. Jones 2403 Fairway</b>	

**CAUSE OF DEATH**

18. <b>545X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <b>Acute Gastric dilatation</b> DUE TO <b>post operative</b> ANTECEDENT CAUSES (B) <b>Duodenal obstruction</b> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>July 21, 1952</b>		19B. MAJOR FINDINGS OF OPERATION <b>Duodenal obstruction</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **July 13**, 19**52** to **July 25**, 19**52**, that I last saw the deceased alive on **July 25**, 19**52**, and that death occurred at **12:15pm.**, from the causes and on the date stated above.

23A. SIGNATURE <i>J. D. Hill</i>	23B. ADDRESS <b>1100 N. Caroline Street</b>	23C. DATE SIGNED <b>July 25, 1952</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 28, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
25. FUNERAL DIRECTOR ADDRESS <b>Huntington Williams, M.D.</b>		<b>Ullrich Funeral Home 2112 Dundalk Ave.</b>	

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MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7090

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Edward Rudiger</b>		2. DATE OF DEATH <b>July 26, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Zone 13</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write R.U.A.L. and give to ship) <b>Baltimore, Md. 26-03</b>	
C. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>3109 Shannon Drive</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 19, 1880</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Oil</b>	
13. FATHER'S NAME <b>August Rudiger</b>		14. MOTHER'S MAIDEN NAME <b>Jane Watt</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Wife</b>		ADDRESS <b>3109 Shannon Dr.</b>	

18. <b>443 X and E 903.0</b>	CAUSE OF DEATH <b>Inanition</b>	CERTIFICATION APPROVED BY <b>P. F. Fisher</b> M. D.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
DUE TO		
CHIEF OR ASST. MEDICAL EXAMINER.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
DUE TO		
INTERVAL BETWEEN ONSET AND DEATH		

19A. DATE OF OPERATION <b>May 14, 1952</b>	19B. MAJOR FINDINGS OF OPERATION <b>Fracture right femoral neck</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>3109 Shannon Drive</b>
21D. TIME (Month) (Day) (Year) (Hour) <b>May 11, 1952</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Fall to Floor</b>
22. I hereby certify that I attended the deceased from <b>July 1, 1952</b> , to <b>July 26, 1952</b> , that I last saw the deceased alive on <b>July 26, 1952</b> , and that death occurred at <b>9:05 A.M.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>C. E. Stennett</b> M. D.	23B. ADDRESS <b>University Hospital</b>	23C. DATE SIGNED <b>7/26/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/29/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Moreland</b>
24D. LOCATION (City, town, or county) (State) <b>Baltimore Co., Md.</b>		

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 28 1952</b>	REGISTRAR'S SIGNATURE <b>William J. Lickens</b>	25. FUNERAL DIRECTOR <b>William J. Lickens</b>	ADDRESS <b>7014 Ave</b>
VS 150 <b>N-820.0</b> <b>55424</b>			

MEDICAL CERTIFICATION

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[The body of the document contains several paragraphs of extremely faint, illegible text, likely bleed-through from the reverse side. The text is organized into sections separated by horizontal lines. Two large black circular marks are visible on the right margin.]

163

2 7091

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7091

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. Robert H. Robertson

2. DATE  
OF  
DEATH

July 26 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4213 Ridgewood Ave.

C. CITY OR TOWN (If outside corporate limits, write full name, and give township)

Baltimore

28-41

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

4213 Ridgewood Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 13, 1882

9. AGE (in years,  
last birthday)

70

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR  
INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

218-14-0292

17. INFORMANT

ADDRESS

Fannie M. Robertson 4213 Ridgewood Ave.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Pulmonary Emphysema

INTERVAL BETWEEN  
ONSET AND DEATH

?

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1951, to July 26, 1952, that I last saw the  
deceased alive on July 19, 1952 and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

7/29/52

Woodlawn

Woodlawn Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 28 1952

Huntington Williams, M.D.

Paul E. Chenoweth 3651 Chestnut Ave

VS 150

51024

MEDICAL CERTIFICATION

1950 50

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 08-18-81 BY 1043

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7092  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>EDUARD BARTHOLME</b>			2. DATE OF DEATH <b>July 26, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>625 N. Belnord Ave.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>62 years</b>			D. STREET ADDRESS (If rural, give location) <b>625 N. Belnord Ave.</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 30, 1872</b>	9. AGE (In years last birthday) <b>80</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Financial Secy.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Baker's Union #68</b>	11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>unknown</b>			14. MOTHER'S MAIDEN NAME <b>unknown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Carolina Bartholme, 625 N. Belnord Ave.</b>		

18. <b>153X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Toxic Absorption</b> DUE TO <b>Carcinoma of Colon</b> DUE TO <b>Antecedent Causes</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>1 year</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>Oct. 28, 1951</b>		19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Colon</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from March, 1951, to July 26, 1952, that I last saw the deceased alive on July 26, 1952, and that death occurred at 6:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE <b>Michael J. Dousch</b>		23B. ADDRESS <b>4636 Belair Road</b>		23C. DATE SIGNED <b>7-27-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 30, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cem</b>	
24D. LOCATION (City, town, or county) (State) <b>Taylor Ave. Balto. Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>Jul 28 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>			

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **7093**

**520**  
**7093**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mary Nemic (Marie Nemic)</b>		2. DATE OF DEATH <b>July 25, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>803 N. Lakewood Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>65 yrs.</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>803 N. Lakewood Ave</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Oct. 15, 1869</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	9. AGE (In years last birthday) <b>82</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <b>Thomas Kubin</b>		14. MOTHER'S MAIDEN NAME <b>Marie Kovar</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Elsie A. Lunak, above</b>		ADDRESS	

18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE OF DEATH (A) <b>Cerebral Vascular Accident</b> DUE TO (B) <b>Arteriosclerosis</b> DUE TO (C) <b>Hypertension</b>  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION <b>None</b>		19B. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>None</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>None</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>None</b>	

2. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>Charles P. Denny</b> M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>7/25/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 28, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	
				24D. LOCATION (City, town, or county) (State) <b>Horner's Lane, Balto. Md.</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 28 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Schimunek Funeral Home, Inc.</b>	
				ADDRESS <b>2601-3-5 E. Madison St.</b>	



363  
REA-161382  
52 7094

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7094

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Helen Georgia Street		July 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		A. STATE Maryland B. COUNTY	
5. LENGTH OF stay in Baltimore life		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. COLOR OR RACE Female		D. STREET ADDRESS (If rural, give location) 704 N. Mount Street	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		9. AGE (in years last birthday) 30	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Maryland	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Arthur Tyler		14. MOTHER'S MAIDEN NAME Mary Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H.		ADDRESS 4940 Eastern Avenue	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 260x I Fever of unknown origin		INTERVAL BETWEEN ONSET AND DEATH 24 hours	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Diabetic acidosis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-24 1952, to 7-25 1952, that I last saw the deceased alive on 7-25 1952, and that death occurred at 12:10 a.m., from the causes and on the date stated above.			
23A. SIGNATURE J. S. Rogers		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 7-25-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7-28/1952	
24C. NAME OF CEMETERY OR CREMATORY Baltimore City Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR J. S. Rogers		ADDRESS 332	

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 7095

BIRTH NO. 49-19198

1. NAME OF DECEASED  
(Type or Print)Sarsel  
MARSHALL J.

LEE, JR.

2. DATE  
OF  
DEATH

July 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

422 East Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

8. DATE OF BIRTH

Aug. 1949

9. AGE (in years  
last birthday)

2

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore City

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Sarsel See

14. MOTHER'S MAIDEN NAME

Irene Evans

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Sarsel See 422 East St

18. EF120

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Skull fracture

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

400 block of East Street

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

July 25, 1952 12:00 noon

21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by truck

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....☒

July 25, 1952

MEDICAL INVESTIGATOR.....☐24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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JAN 10 1960

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430  
52 7096BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7096  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>BOLTE, SARAH ANNA</b>		2. DATE OF DEATH <b>July 27, 1952</b> 1.15 P.M.	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>BALTIMORE CITY</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>REISTERSTOWN - Balto CO</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>FRANKLIN SQUARE HOSP.</b> <b>FAYETTE &amp; CALHOUN ST.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>MD REISTERSTOWN - Rural</b>	
5. LENGTH OF STAY IN BALTIMORE Yrs. <b>2</b> Mos. <b>Days</b>		D. STREET ADDRESS (If rural, give location) <b>53-00</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Feb, 12, 1891</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	9. AGE (In years last birthday) <b>61</b>
11. BIRTHPLACE (State or foreign country) <b>MD.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13. FATHER'S NAME <b>Peter Henry Wilhelm</b>		14. MOTHER'S MAIDEN NAME <b>Ida Pitts</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>✓</b>		16. SOCIAL SECURITY NO. <b>✓</b>	
17. INFORMANT <b>GEORGE V. BOLTE</b>		ADDRESS <b>SAME</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>420.0 I MYOCARDIAL FAILURE &amp; PERIPHERAL VASCULAR COLLAPSE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(A) Anterio - Sclerotic Heart Disease &amp; Generalized</b> <b>(B) Arterio - Sclerosis</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>CHOLECYSTECTOMY FOR CHRONIC CHOLECYSTITIS</b>			
19A. DATE OF OPERATION <b>7/25/1952</b>		19B. MAJOR FINDINGS OF OPERATION <b>CHRONIC CHOLECYSTITIS</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>7/26/52</b> , 1952 to <b>7/27</b> , 1952 that I last saw the deceased alive on <b>7/27</b> , 1952, and that death occurred at <b>1.15 p.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>J. (Mari)</b>		23B. ADDRESS <b>Franklin Square Hosp.</b>	
23C. DATE SIGNED <b>7/27</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 30/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove</b>		24D. LOCATION (City, town, or county) (State) <b>Balto CO MD</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 28 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
FUNERAL DIRECTOR <b>W. Tipton</b>		ADDRESS <b>Hanover, Maryland</b>	

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7097**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*MRS. HENRIETTA M. Holmes*

2. DATE  
OF  
DEATH

*July 26-1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

*331 S. Fulton Ave*

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

*BALTIMORE*

D. STREET ADDRESS (If rural, give location)

*331 S. FULTON Ave*

Length of stay in Baltimore

5. SEX

*Female*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*MARRIED*

8. DATE OF BIRTH

*MAY-14-1889*

9. AGE (in years, last birthday)

*63*

10. Under 1 Year Months: Days

11. Under 24 hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Housewife*

10B. KIND OF BUSINESS OR INDUSTRY

*—*

11. BIRTHPLACE (State or foreign country)

*BALTIMORE - MD*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Wooltenden*

14. MOTHER'S MAIDEN NAME

*Nicholson*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

*No*

16. SOCIAL SECURITY NO.

*—*

17. INFORMANT

*JAMES FALTER 626 S. PAYSON ST*

ADDRESS

18. *331X I*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

*Cerebral Hemorrhage one recent*

INTERVAL BETWEEN ONSET AND DEATH  
*10 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

*Hypertension*

?

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 1952*, to *July 26, 1952*, that I last saw the deceased alive on *July 26, 1952*, and that death occurred at *10 P M.*, from the causes and on the date stated above.

23A. SIGNATURE

*M. B. Schreiber*

M. D.

23B. ADDRESS

*54 S. FULTON Ave*

23C. DATE SIGNED

*7-28-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*BURIAL*

24B. DATE

*7-30-52*

24C. NAME OF CEMETERY OR CREMATORY

*New Cathedral Cem*

24D. LOCATION (City, town, or county) (State)

*Frederick Ad. - BALTIMORE MD*

DATE RECEIVED BY LOCAL REGISTRAR

*JUL 28 1952*

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Thomas J. Kenny, Inc - 1600 Hollins St*

ADDRESS

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2 7098BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7098

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Lillian A. Schlining</i>		2. DATE OF DEATH <i>July 26, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>So. Balto Gen. Hosp.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Baltimore Gen. Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>3212 STRICKLAND ST. 29</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>Sept. - 11, 1877</i>	9. AGE (in years last birthday) <i>74</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>	
13. FATHER'S NAME <i>Conrad Leffler</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Charles H. Schlining, 3212 Strickland ST</i>	
18. <i>541.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Perforated Duodenal Ulcer with 4 days Generalized Peritonitis</i>		CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		(C) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>chr nephritis. Renal failure. Auricular fibrillation 4 days</i>					
19A. DATE OF OPERATION <i>7/21/52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Perforated Duodenal Ulcer</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>July 21, 1952</i> to <i>July 26, 1952</i> ; that I last saw the deceased alive on <i>July 26, 1952</i> and that death occurred at <i>6:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. W. Conway</i>		23B. ADDRESS <i>Smith Baltimore Gen Hosp</i>		23C. DATE SIGNED <i>7/26/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 29/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 28 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Harry H. Kitzke</i>		ADDRESS <i>4101 Edmondson Ave.</i>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7099**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Sue May Hanson</b>			2. DATE OF DEATH <b>July 26/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Clifton Nursing Home</b> <b>3502 Clifton Ave</b>			C. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>3704 Chesholm Rd.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>May 3, 1874</b>		9. AGE (In years last birthday) <b>78</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Clerk</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>U. S. F. &amp; G.</b>	11. BIRTHPLACE (State or foreign country) <b>Md.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Hurt</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.			
17. INFORMANT <b>Miss Margaret B. Hanson</b>			ADDRESS <b>3704 Ches-</b>		

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <b>holm Rd.</b> (A) <b>Cerebral Hemorrhage</b> DUE TO (B) <b>Arteriosclerotic - cardio</b> DUE TO <b>vascular - Hypertensive disease</b> (C)	INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>8 yrs</b>
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19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1942**, 19, to **July 26, 1952**, that I last saw the deceased alive on **July 26, 1952** and that death occurred at **2 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Thomas M. Todd</b>		23B. ADDRESS <b>2108 St. Paul St</b>		23C. DATE SIGNED <b>7/26/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 28/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>St. John's Cemetery</b>	
		24D. LOCATION (City, town, or county) <b>Ellicott City, Md.</b>		(State)	

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 28 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Harry H. White</b>	
				ADDRESS <b>4101 Edmondson Ave</b>	

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RECEIVED BY THE DIRECTOR

DEPARTMENT OF DEFENSE

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7100

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary Anne Weeks

2. DATE  
OF  
DEATH

July 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1300 W. Lafayette Ave.

C. CITY OR TOWN (If outside corporate limits, write full name and give township)  
Balto.

D. STREET ADDRESS (If rural, give location)

1300 W. Lafayette Ave.

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

D

8. DATE OF BIRTH

1896

9. AGE (In years  
last birthday)

55

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

Susanna Spriggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Hiram Keith 1300 W. Lafayette Ave.

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

CARDIO VASCULAR DISEASE

2 YRS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

BROKEN COMPENSATION

6 Mo's

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 10, 1950, to JULY 26, 1952, that I last saw the  
deceased alive on JULY 26, 1952, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 28 1952

Huntington Williams, M.D.

Geo. G. Kelson 1303 Presstman St.

VS 150

72084 Geo. G. Kelson

MEDICAL CERTIFICATION

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CERTIFICATE OF DEATH  
Baltimore City Health Department

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7101  
Registered No.

632  
52 7101  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>GEORGE BRAITSCH</b>		2. DATE OF DEATH <b>8:40 P.m. July 26, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland FRANKLIN SQ. Hosp.</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>md.</b> B. COUNTY <b>18-03</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <b>FRANKLIN SQUARE HOSPITAL FAYETTE &amp; CALHOUN ST.</b>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>1231 W. Lombard St.</b>		E. DATE OF BIRTH <b>Oct. 4, 1884</b>	
F. AGE (In years last birthday) <b>67</b>		G. Under 1 Year Months: Days <b>9</b> H. Under 24 Hours Hours: Min.	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>State Express</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>State Express</b>	
13. FATHER'S NAME <b>Conrad Braitsch</b>		14. MOTHER'S MAIDEN NAME <b>Martha Krug</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>219-28-6584</b>	
17. INFORMANT <b>Paula Braitsch</b>		ADDRESS <b>1231 W. Lombard St.</b>	
18. <b>586X</b> CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <b>ACUTE HEART FAILURE</b>	
DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>7:30-8:50 P.m.</b>	
ANTECEDENT CAUSES		(B) <b>HYPERTENSION</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
		(C) <b>GALL BLADDER TROUBLES</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>July 26, 1952</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8:00 p.m. to 8:50 p.m.</b> , that I last saw the deceased alive on <b>July 26, 1952</b> and that death occurred at <b>8:50 p.m.</b> from the causes and on the date stated above.			
23A. SIGNATURE <b>J. Chan</b>		23B. ADDRESS <b>FRANKLIN SQ Hosp.</b>	
23C. DATE SIGNED <b>JULY 26, 52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 30, 1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>London Park</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 28 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
FUNERAL DIRECTOR <b>Fred A. Cole</b>		ADDRESS <b>1913 W. Balto. St.</b>	



8-600  
52 7102

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7102

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Anna M. Shaw</i>		2. DATE OF DEATH <i>7-26-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>743 S. Conkling St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto - Md - 26-09</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>743 S. Conkling St</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>10-20-90</i>	9. AGE (in years last birthday) <i>61</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore -</i>	
13. FATHER'S NAME <i>Albert Knop</i>		14. MOTHER'S MAIDEN NAME <i>Mary Enoll</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Frank J. Shaw - same</i>	
18. <i>420.1 and 260 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Pulmonary Oedema</i> DUE TO <i>Myocardial</i> (B) <i>Arterio Sclerosis</i> DUE TO <i>Coronary Atherosclerosis</i> (C) <i>Drugs</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24-52</i> <i>1947</i> <i>1947</i> <i>1940</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 1940</i> to <i>July 26, 1952</i> , that I last saw the deceased alive on <i>July 26, 1952</i> and that death occurred at <i>4:45 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Alvin J. Buchanan</i>		23B. ADDRESS <i>3426 Back A</i>		23C. DATE SIGNED <i>7-28-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7-29-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mount Heant</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore - Md</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, Mr. Kelly, 403 S. Wolf St</i>			

MEDICAL CERTIFICATION

JL 28 1952

Dr. Blechnar -  
3426 Bank St.

Comptroller of the Treasury  
Washington, D.C.

July 21, 1911

Dear Sir:

Enclosed find

check for \$100.00

Very respectfully,  
Dr. Blechnar

500

52 7103

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7103

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Leila Emma Hanna

2. DATE  
OF  
DEATH

July 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

none

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

2314 Eutaw Place

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

868 Park Avenue

C. Length of stay in Baltimore

life Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

July 26, 1877

9. AGE (In years  
last birthday)

75

11 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Charles F. Hanna

14. MOTHER'S MAIDEN NAME

Emma Saunders

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Arthur C. Macy 2314 Eutaw Place

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

Congestive Heart Failure

Myocarditis -  
Hypertension

Arterio Sclerosis

INTERVAL BETWEEN  
ONSET AND DEATH

3 days

Gradual

✓

✓

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1952 to July 26, 1952, that I last saw the  
deceased alive on July 26, 1952, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1403 Park Avenue

23C. DATE SIGNED

7 - 28 - 52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

7 - 29 - 52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell &amp; Sons, Inc. - 1900 Eutaw Place

JUL 28 1952

VS 150

M B Mitchell

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

Wm



626

BIRTH NO. 52 7104

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7104

Registered No.

1. NAME OF DECEASED  
(Type or Print)

Kraisser, Albert Frederick

2. DATE  
OF  
DEATH

7-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Saint Joseph Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2028 E. North Avenue

8. DATE OF BIRTH

July 16, 1900

9. AGE (In years  
last birthday)

52

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR  
INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frederick Kraisser

14. MOTHER'S MAIDEN NAME

Anna Schwartz

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

219-05-7833

17. INFORMANT 2028 E. North Avenue

Mrs Margaret E. Kraisser

18. 420.11

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Acute coronary occlusion

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-25, 1952, to 7-26, 1952, that I last saw the  
deceased alive on 7-26, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John M. Krager

M. D.

23B. ADDRESS

Saint Joseph Hospital

23C. DATE SIGNED

7-26-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

7/30/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.  
BALTO., 13, Md.

ADDRESS

Secy. &amp; Bank

VS 150

682 93

MEDICAL CERTIFICATION

1015

THE UNIVERSITY OF CHICAGO

RECEIVED

330 52 7105

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7105

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		WILLIAM George POTEET		2. DATE OF DEATH July 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1801 N. Castle St.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ?	8. DATE OF BIRTH May 6, 1877	9. AGE (In years last birthday) 74	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Thomas Poteet		12. CITIZEN OF WHAT COUNTRY? USA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT 515 N. Gay Street Mr. Louis Hax	

18. 4-22-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO (A) ... ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ... II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>J. H. Fisher</i>	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/>	23C. DATE SIGNED 7/26/52
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 7/29/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
DATE RECEIVED BY LOCAL REGISTRAR JUL 28 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
25. FUNERAL DIRECTOR'S ADDRESS HENRY SANDER & SONS, INC. BALTO., 13, MD.		<i>Geor. F. Sander</i>

CONFIDENTIAL

[Faint, mostly illegible text covering the majority of the page, appearing to be a document or report.]

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MARY FRANCES SHERMAN</b>		2. DATE OF DEATH <b>July 26. 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1824 E. North Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore -13</b>	
C. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1824 E. North Avenue</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 24. 1880</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	9. AGE (In years last birthday) <b>71</b>
13. FATHER'S NAME <b>John Kelly</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>		14. MOTHER'S MAIDEN NAME <b>Alice Burns</b>	
17. INFORMANT <b>Mr. William T. Chipman</b>		ADDRESS <b>2302 Franklin St. Wilmington Del.</b>	

18. <b>170X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma</b>	CAUSE OF DEATH (A) <b>Carcinoma</b> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Metastatic node liver</b>	(B) <b>Carcinoma of breast</b> DUE TO	<b>5 yrs</b>
19A. DATE OF OPERATION <b>2 yrs</b>		19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma</b>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Dec. 10**, 1951, to **July 26**, 1952, that I last saw the deceased alive on **July 25**, 1952, and that death occurred at **10 A m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Joseph Fisher</b>	23B. ADDRESS <b>15122 Belvoir Rd.</b>	23C. DATE SIGNED <b>7/26/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Jul. 28. 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cem</b>
24D. LOCATION (City, town, or county) <b>Baltimore Md.</b>		25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 28 1952</b>		ADDRESS <b>Baltimore Md.</b>

Huntington Williams, Jr.

Joseph T. Sander

MEDICAL CERTIFICATION

See Document File 52-7106

8/20/52

ES

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7107  
Registered No.

160  
52 7107  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs. Gertrude Weber</i>			2. DATE OF DEATH <i>July 27, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mersey Hosp.</i>			C. CITY OR TOWN <i>Balto.</i>		
6. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1508 Regester Ave. 12</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>June 22, 1871</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			9. AGE (In years last birthday) <i>81</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		
13. FATHER'S NAME <i>Michael Meinschein</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			14. MOTHER'S MAIDEN NAME <i>Dorothy Manns</i>		
16. SOCIAL SECURITY NO. <i>none</i>			17. INFORMANT <i>Hosp. Records</i>		
18. <i>260X</i>			ADDRESS		

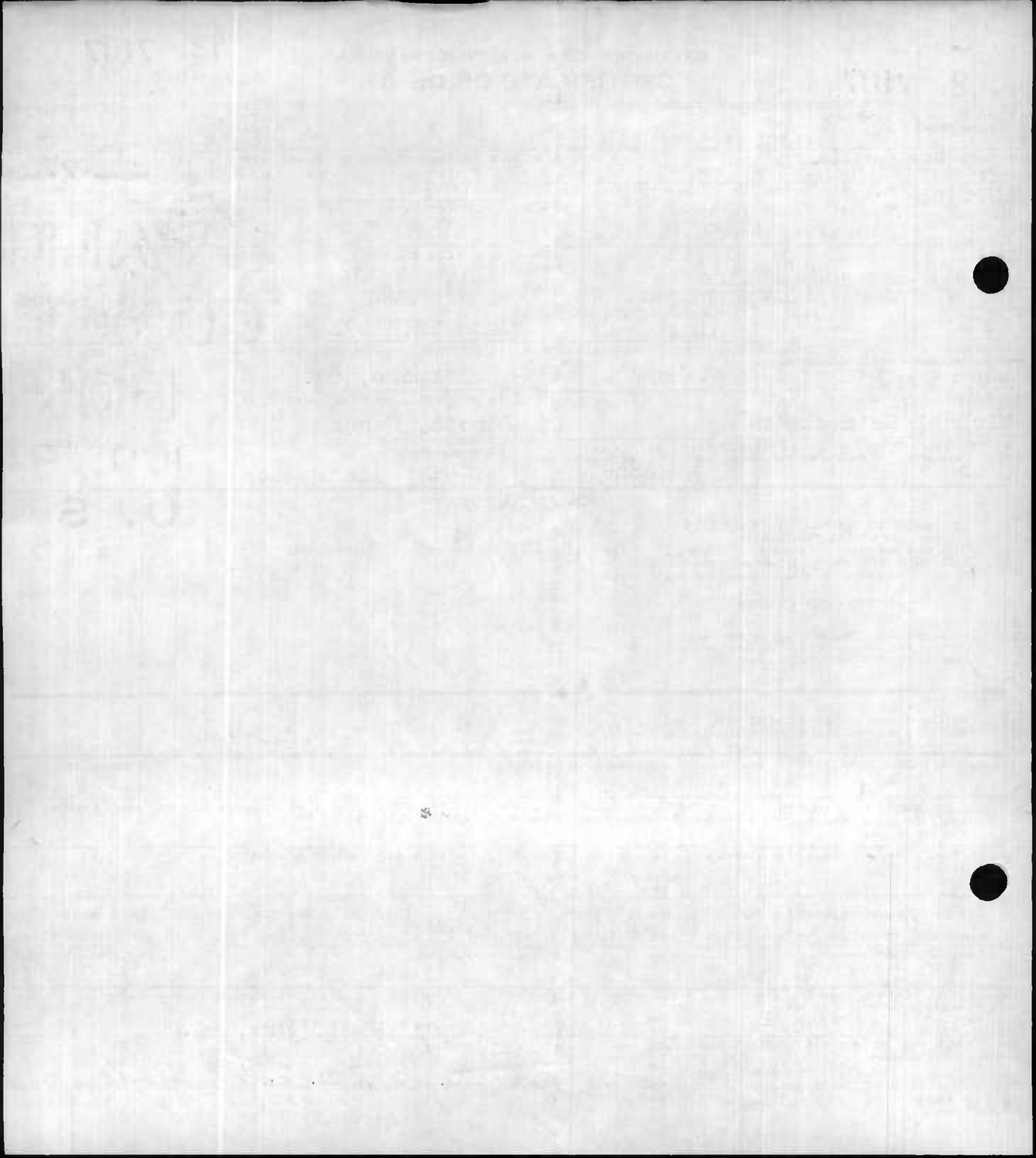
18. <i>260X</i>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Diabetes mellitus</i>	<i>12 yrs.</i>
ANTECEDENT CAUSES		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)	
		DUE TO	
		(C)	

**II**  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
*Generalized arterio sclerosis*

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 11, 1952</i> , to <i>July 27, 1952</i> , that I last saw the deceased alive on <i>July 27, 1952</i> , and that death occurred at <i>7:45 A.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Frederick W. Towell</i>		23B. ADDRESS <i>Mersey Hosp</i>		23C. DATE SIGNED <i>7/27/52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>7/30/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cemetery, Baltimore, Md.</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <i>HENRY SANDER &amp; SONS, INC</i>		ADDRESS <i>BALTO., 13, MD. Secy Sander</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 1 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			

MEDICAL CERTIFICATION



62952 7108

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7108  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Eliza E. Morris*

2. DATE  
OF  
DEATH

*7/26/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

*1034 N. Baltimore St*

C. Length of stay in Baltimore

*40 yrs*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE B. COUNTY

*md*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Balto.*

D. STREET ADDRESS (If rural, give location)

*1034 N. Baltimore St*

5. SEX

*F*

6. COLOR OR RACE

*C*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*W.*

8. DATE OF BIRTH

*Dec. 6, 1893*

9. AGE (In years last birthday)

*58*

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Domestic*

10B. KIND OF BUSINESS OR INDUSTRY

*-*

11. BIRTHPLACE (State or foreign country)

*Randallstown Md*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Lloyd Morris*

14. MOTHER'S MAIDEN NAME

*Maria Jessup*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Abner H. Henson - 719 N. Baltimore St*

18. *59 yx*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

*Chronic Nephritis*

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

*?*

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Myocardial Infarct, Unwitnessed*

*4 days*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Feb*, 19*51*, to *July 26, 1952*, that I last saw the deceased alive on *7/26*, 19*52* and that death occurred at *7 p. m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Carlton A. Baughman M.D.*

*722 N. Fulton Ave*

*7/28/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Aug 28 1952*

*William W. Williams, Jr.*

*Samuel W. Sullivan, Jr.*

VS 150

*7208A 10/11 N. Arlington Ave*

MEDICAL CERTIFICATION

2007

THE UNIVERSITY OF MICHIGAN LIBRARY

1000 TAPSCOTT DRIVE

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **58 7109**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**BLANCHE LEE FLETCHER**

2. DATE  
OF  
DEATH

**JULY 26, 1952**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
A. STATE B. COUNTY

**Md.**

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**5309 Gwynn Oak Ave.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**5309 Gwynn Oak Ave.**

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**F**

6. COLOR OR RACE

**W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**Widowed**

8. DATE OF BIRTH

**Oct. 29, 1889**

9. AGE (In years last birthday)

**62**

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Home**

10B. KIND OF BUSINESS OR INDUSTRY

**At Home**

11. BIRTHPLACE (State or foreign country)

**Harford Co. Md.**

12. CITIZEN OF WHAT COUNTRY?  
**USA**

13. FATHER'S NAME

**Charles W. Lee**

14. MOTHER'S MAIDEN NAME

**Anna Hamilton**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.  
**None**

17. INFORMANT

ADDRESS

**Mrs. Anna R. Countiss 2819 Winchester St.**

18. **E976x**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Gunshot Wound of CHEST**

DUE TO

**ANTECEDENT CAUSES**

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

**Home**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**5309 Gwynn Oak Ave**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

**7 26 52 8P**

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

**Shot self in chest & Arm**

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

**R. S. Fisher** M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**7-27-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**7/30/52**

24C. NAME OF CEMETERY OR CREMATORY

**Specutie. Cemetery**

24D. LOCATION (City, town, or county) (State)

**7 Perryman, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

**JUL 28 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, Jr.**

25. FUNERAL DIRECTOR

ADDRESS

**Thm. J. Tucker & Sons Inc. Balto Md**

V S 151

**N-86**

MEDICAL CERTIFICATION

1019

1019

1019

1019

152  
52 7110BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7110

1. NAME OF DECEASED (Type or Print) <b>GEORGIA MABEL (FIGG) EVANS</b>		2. DATE OF DEATH <b>JULY 26, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>3623 Milford Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>3623 Milford Avenue</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 9, 1880</b>
9. AGE (In years last birthday) <b>72</b>		10. UNDER 1 Year: Months _____ Days _____ 11. UNDER 24 Hours: Hours _____ Min. _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>John Q. Figg</b>		14. MOTHER'S MAIDEN NAME <b>Mary Allen</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mr. John J. Evans-3623 Milford Avenue</b>		ADDRESS <b>3623 Milford Avenue</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Anterior - Sclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Chronic Glomerular Nephritis</b>		(B) DUE TO <b>5 yrs.</b>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Generalized Anterior - Sclerosis</b>		(C) DUE TO <b>5 yrs.</b>	
19A. DATE OF OPERATION <b>None</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Nov. 1943</b> , to <b>July - 26, 1952</b> , that I last saw the deceased alive on <b>July 24, 1952</b> , and that death occurred at <b>11:59 a.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Paul L. Chambers</b>		23B. ADDRESS <b>4108 Liberty St.</b>	
23C. DATE SIGNED <b>July - 26 - 52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 29, 1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 28 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
VS 150		25. FUNERAL DIRECTOR <b>Thos J. Tichner &amp; Sons - North &amp; Penna Aves. Balto - 17. Md.</b>	

35 1110

UNITED STATES OF AMERICA

35 1110

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

460  
52 7111

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7111

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Robert Taylor

2. DATE  
OF  
DEATH

July 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Dist 2

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

18 12 04

D. STREET ADDRESS (If rural, give location)

201 E. 23 Rd. St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Mar. 28, 1890

9. AGE (In years, last birthday)

62

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fisherman

10B. KIND OF BUSINESS OR INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Taylor Sr.

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of the lung c

DUE TO

metastases

18 Mon

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-3, 1952 to 7-25, 1952, that I last saw the deceased alive on 7-25, 1952, and that death occurred at 3:12 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Richard J. Jones

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Removal 7/28/52

24C. NAME OF CEMETERY OR CREMATORY

Emporia

24D. LOCATION (City, town, or county) (State)

Emporia Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 28 1952

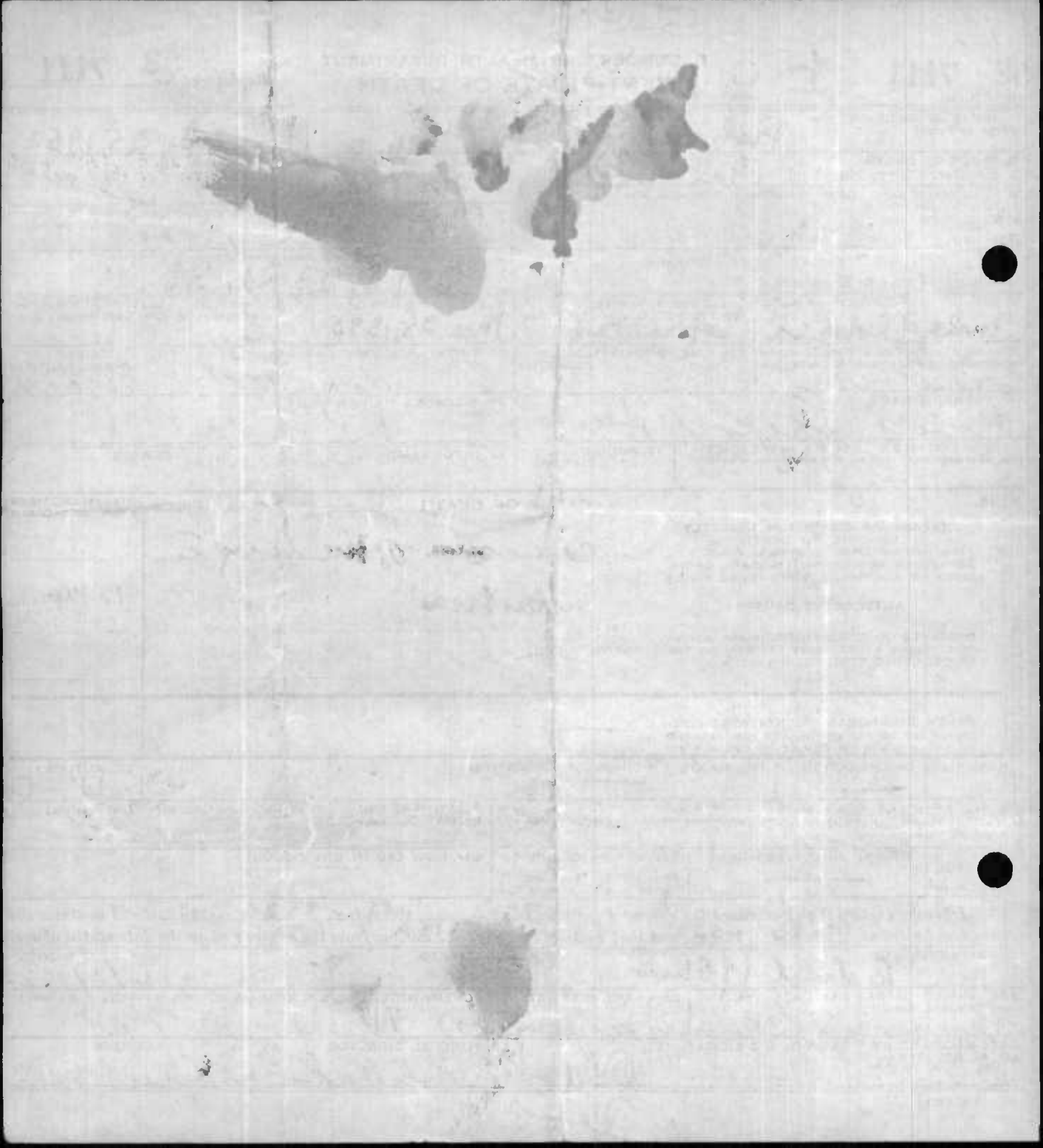
Huntington Williams, M.D.

Halstead - 918 Spruill Hill

VS 150

910 12

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7112**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Lillian C. Runge**

2. DATE  
OF  
DEATH

**July 25, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

**4509 Mainfield Avenue**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**4509 Mainfield Avenue**

Length of stay in Baltimore

5. SEX

**female**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**married**

8. DATE OF BIRTH

**Dec. 10, 1889**

9. AGE (In years  
last birthday)

**62**

If Under 1 Year  
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

**at home**

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Baltimore, Maryland**

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**George J. Reese**

14. MOTHER'S MAIDEN NAME

**Caroline Elizabeth Jackson**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Mr. Wm. C. Runge, 4509 Mainfield**

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

**Nov. 1950**

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONCOITION CAUSING IT.

19A. DATE OF OPERATION

**Nov. 1950**

19B. MAJOR FINDINGS OF OPERATION

**Carcinoma of breast**

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g. in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 1 - 1950** to **July 25, 1952** that I last saw the  
deceased alive on **July 24, 1952** and that death occurred at **2 P** m., from the causes and on the date stated above.

23A. SIGNATURE

**Paul Brown**

M. D.

23B. ADDRESS

**3602 E. 14th St. N. W.**

23C. DATE SIGNED

**7-26-52**

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

**Burial**

24B. DATE

**7/ /52**

24C. NAME OF CEMETERY OR CREMATORY

**Parkwood Cemetery**

24D. LOCATION (City, town, or county)

**Baltimore, Maryland**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

**Leonard J. Ruck, 5305 Harford Road.**

35 7115

35 7115

ON 10, 1968

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7113**

1. NAME OF DECEASED (Type or Print) <b>Arthur E. Hamilton</b>		2. DATE OF DEATH <b>July 25, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>955 N. Washington St</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>62</b>		D. STREET ADDRESS (If rural, give location) <b>955 N. Washington Street</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 25, 1885</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired Officer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Police Dept.</b>	9. AGE (In years last birthday) <b>66</b>
11. BIRTHPLACE (State or foreign country) <b>Chestertown, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>unknown</b>		14. MOTHER'S MAIDEN NAME <b>unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Herbert Hamilton, 955 N. Washington St.</b>		ADDRESS	

18. <b>153X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of colon</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yr.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>6</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **66 - 21**, 19**51**, to **7/25**, 19**52**, that I last saw the deceased alive on **7/24**, 19**52**, and that death occurred at **11 P m.**, from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS <b>1737 E. North Ave</b>	23C. DATE SIGNED <b>7/28/52</b>
--------------------------------------	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 29, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Taylor Ave., Baltimore, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 28 1952</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
		25. FUNERAL DIRECTOR <b>Shimunek Funeral Home, Inc.</b> ADDRESS <b>2801-3-5 E. Madison St.</b>	

MEDICAL CERTIFICATION

100

100

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7114**

BIRTH NO. **52 7114**

1. NAME OF DECEASED (Type or Print) <b>DAVID E. WILLIAMS</b>			2. DATE OF DEATH <b>7-25-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sinai Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 8-02</b>		
D. STREET ADDRESS (If rural, give location) <b>1921 PATTERSON PK. AVE</b>			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>OCT. 15, 1905</b>		9. AGE (In years last birthday) <b>46</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tile Setter</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>ACME TILE CO</b>		11. BIRTHPLACE (State or foreign country) <b>BALTIMORE</b>
13. FATHER'S NAME <b>CHARLES B.</b>			14. MOTHER'S MAIDEN NAME <b>ANNA JYNERA</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>HEDWIG WILLIAMS 1921 PATTERSON PK.</b>			ADDRESS <b>AVE</b>		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>DEAD ON ARRIVAL</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Several hrs.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>severe myocardial infarction</b>		
<div style="display: flex; justify-content: space-between;"> <div>                 (A) DUE TO                  (B) DUE TO                  (C) DUE TO             </div> <div>                 CERTIFICATION APPROVED BY  <b>[Signature]</b> M.D.             </div> </div>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		CHIEF OR ASST. MEDICAL EXAMINER <b>[Signature]</b> M.D.
------------------------	--	----------------------------------	--	--

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7-25-52</b> , 19 <b>52</b> , to <b>7-25-52</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7-25-52</b> , and that death occurred at <b>7:30 P.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>[Signature]</b> M.D.		23B. ADDRESS <b>Sinai Hosp.</b>		23C. DATE SIGNED <b>7-25-52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>7/28/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>HOLY REDEEMER</b>		24D. LOCATION (City, town, or county) (State) <b>BALTIMORE MD</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 28 1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR <b>[Signature]</b>		ADDRESS <b>1639 Broadway</b>	

1111 1111

1111 1111 1111 1111

1111



B-632

52 7115

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7115  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANNA ZI BRETZL (ANNA BRETZL)

2. DATE  
OF  
DEATH

7-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Saint Joseph Hospital, Balto., Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1007 Bouldin St.

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

October 16, 1876

9. AGE (In years  
last birthday)

75

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Thelen

14. MOTHER'S MAIDEN NAME

Catherine Schumm

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

John G. Bretzl 1007 S. Bouldin St.

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypertension Cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Bronchial pneumonia

DUE TO Left hemiplegia

(C)

MEDICAL CERTIFICATION

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-27, 1952, to 7-26, 1952, that I last saw the  
deceased alive on 7-26, 1952, and that death occurred at 4:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles S. Gerles

M. D.

23B. ADDRESS

Saint Joseph Hospital

23C. DATE SIGNED

7-26-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county)

77401 German Hill Rd., Ba. Co., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

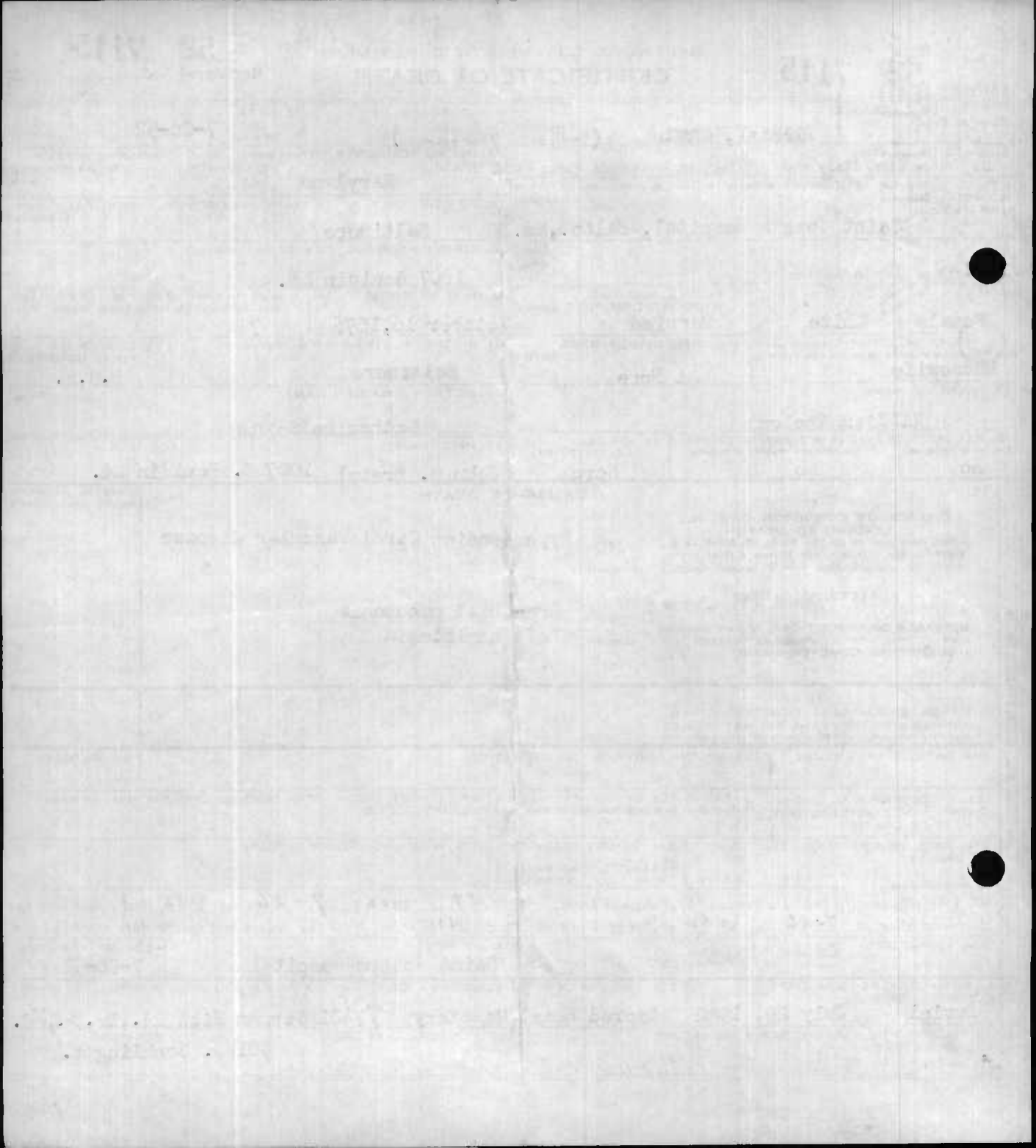
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles S. Gerles 901 S. Conkling St.

VS 150



B-560  
52 7116BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7116  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARIE C. BENNER

2. DATE  
OF  
DEATH

7-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence  
before admission)

A. STATE

MD.

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or  
location)

700 S. Ponca St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE 26-07

D. STREET ADDRESS (If rural, give location)

700 S. PONCA ST.

Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JULY 4, 1903

9. AGE (In years  
last birthday)

49

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR  
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

AUGUST SCHIRMER

14. MOTHER'S MAIDEN NAME

WALBERGER BEIL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

WILHELM BENNER 700 S. PONCA ST.

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Carcinoma of  
Cervix, UterusINTERVAL BETWEEN  
ONSET AND DEATH2 1/2  
yearsII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held in Inquiry & Inspection and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Francis J. Januszewski

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

7-26-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

JULY 30, 52

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN CEM. 77225 EASTERN AVE.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

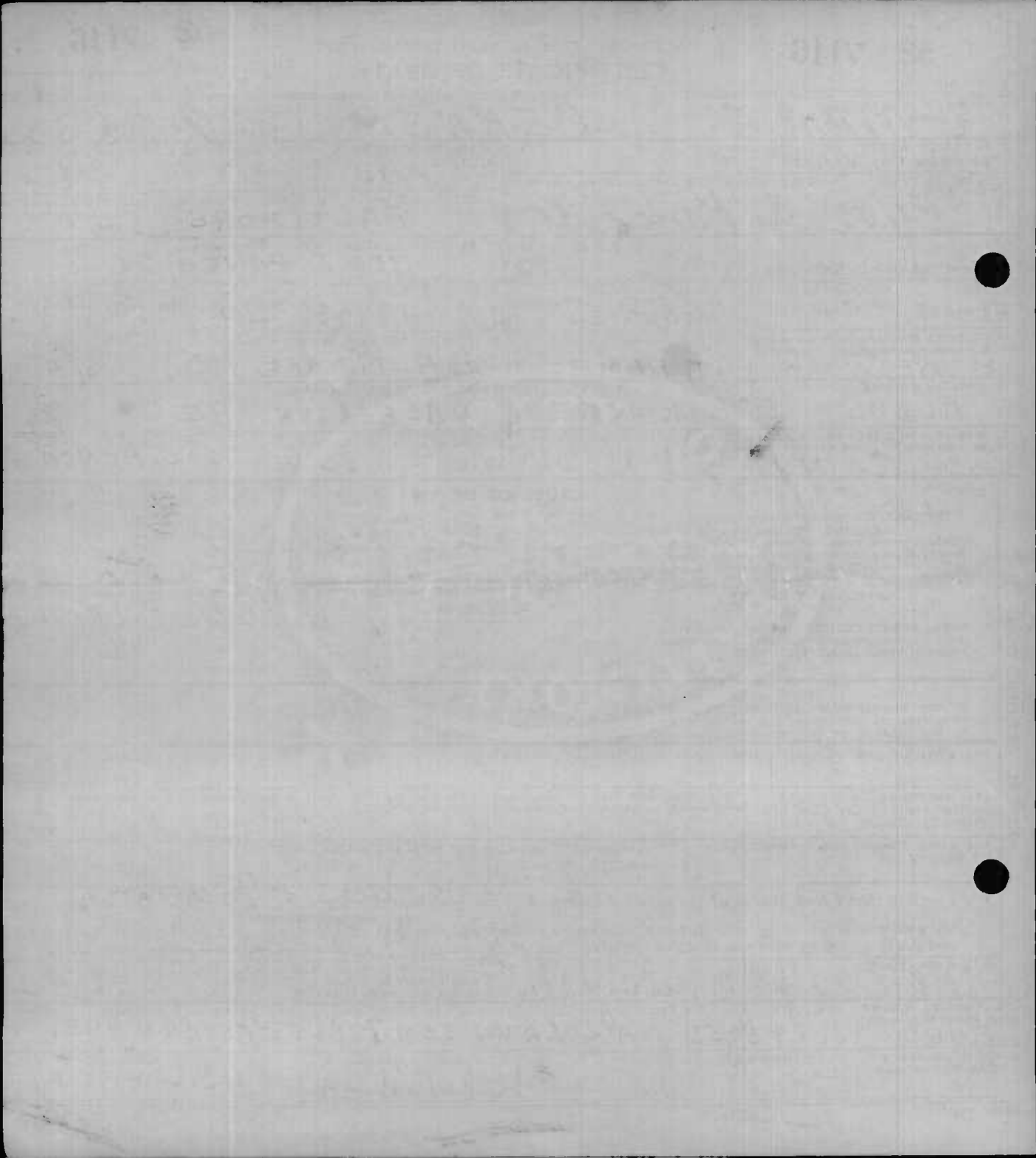
REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR.

Charles S. Guley 901 S. COWKLING ST.

ADDRESS



K-220

52

7117

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52

7117

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary Kozak

2. DATE  
OF  
DEATH

July 26/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

931 G. Chapel St

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS 715

18.

191X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) basal cell carcinoma scalp.  
DUE TOINTERVAL BETWEEN  
ONSET AND DEATH

2 yrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

arteriosclerotic cardiovascular disease 2 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23, 1952, to 7/26, 1952, that I last saw the  
deceased alive on 7/26, 1952 and that death occurred at 10:54 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or County)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

28 1952  
VS 150

Huntington Williams, M.D.

E. A. Brachman 9044 Belknap St

1117 52

1117 52  
1117 52  
1117 52



3 copies S-262

52 7118

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7118

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John J. Sikorsky

2. DATE

OF  
DEATH July 25, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

2803 Pelham Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

2803 Pelham Ave.

e. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

Yrs.  
Mos.  
Days

8. DATE OF BIRTH

Jan. 9, 1902

9. AGE (In years last birthday)

50

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Meter Man

10b. KIND OF BUSINESS OR INDUSTRY

Gas &amp; Elec. Co

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John

14. MOTHER'S MAIDEN NAME

Caroline Miko

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

212-05-6066

17. INFORMANT

ADDRESS

Anna Sikorsky 2800 Kentucky Ave.

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

1 yr.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1952 to 7/25, 1952 that I last saw the deceased alive on 7/25, 1952 and that death occurred at 415 m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

26. DATE

27. SIGNATURE

28. ADDRESS

29. DATE

30. SIGNATURE

31. ADDRESS

MEDICAL CERTIFICATION

554 SE

PLEA  
correc

VS

365  
52 7119

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7119  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>HAROLD LOUIS STERN (MR.)</b>		2. DATE OF DEATH <b>7-27-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b> C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <b>BALTIMORE 15 15-11</b> D. STREET ADDRESS (If rural, give location) <b>3406 DOLFIELD AVENUE</b>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>UNION MEMORIAL HOSPITAL</b>		5. SEX <b>M</b> 6. COLOR OR RACE <b>W</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>			
C. Length of stay in Baltimore		8. DATE OF BIRTH <b>JAN. 25 1888</b> 9. AGE (In years last birthday) <b>64 yrs</b> 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PROP.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>NATHAN STERN</b>		14. MOTHER'S MAIDEN NAME <b>LINA OPPENHEIMER</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>MRS. NETTIE STERN (WIFE)</b> ADDRESS <b>3406 DOLFIELD AVE BALTIMORE 15, MD.</b>	

18. <b>422.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Edema</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (A)		(B)			
DUE TO (C) <b>Anterior subarachnoid hemorrhage</b>					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<b>Anemia - intestinal hemorrhage</b>	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7-24**, 19**52**, to **7-27**, 19**52**, that I last saw the deceased alive on **7-27**, 19**52**, and that death occurred at **1:20 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>William A. Crocraft</b> M. D.		23B. ADDRESS <b>Union Memorial Hosp</b>		23C. DATE SIGNED <b>7-27-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 29 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Hebrew</b>	
24D. LOCATION (City, town, or county) <b>Balti, Md.</b>		24E. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR'S ADDRESS <b>David R. Martin, 1902 S. ... Balti, Md.</b>	

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7120**

BIRTH NO. **630 7120**

1. NAME OF DECEASED  
(Type or Print)

**FLORENCE BAIRD**

2. DATE OF DEATH

**7/27/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Lutheran Hospital**

Length of stay in Baltimore

5. SEX

**F.**

6. COLOR OR RACE

**W.**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**M.**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife**

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

**Frank Harmon**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **MD.**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**5846 Belair Rd.**

8. DATE OF BIRTH

**July 11-1910**

9. AGE (In years last birthday)

**42**

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

**Penna.**

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

**Florence Hitchcock**

17. INFORMANT

ADDRESS

**Louis P. Baird 5846 Belair Rd.**

18. **E 812.7**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Subdural Hematoma with Terminal Broncho Pneumonia**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

**June 28, 1952 9:12 am**

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

**Pedestrian Struck by bus**

22. I certify that I took charge of the remains described above, held an \_\_\_\_\_ thereon and from \_\_\_\_\_ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**R. P. Fisher**

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**7-27-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**7/30/52**

24C. NAME OF CEMETERY OR CREMATORY

**Ebenezer Cem.**

24D. LOCATION (City, town, or county)

**Balto Co.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

**JUL 29 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**Wm Cook Inc. Baltimore**

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7121**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**GENEVIEVE**

**BENSON**

2. DATE OF DEATH **July 26, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION **Lutheran Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland**  
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**3612 Eldorado Avenue**

Length of stay in Baltimore

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**M.**

8. DATE OF BIRTH

**June 15-1903**

9. AGE (in years last birthday)

**49**

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Cashier**

10B. KIND OF BUSINESS OR INDUSTRY

**Restaurant.**

11. BIRTHPLACE (State or foreign country)

**Baltimore**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Theodore Frank**

14. MOTHER'S MAIDEN NAME

**Susanna Carrick**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
**164-14-1101**

17. INFORMANT ADDRESS

**Wm H Stelhorn - Chinguepin Pkwy. 6121**

18. **331X**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Hemorrhage**

ONE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*[Signature]*

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED  
**7/26/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**7/29/52**

24C. NAME OF CEMETERY OR CREMATORY

**Mt Olivet Cem.**

24D. LOCATION (City, town, or county)

**Baltimore**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

**JUL 29 1952**

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Wm Cook Inc. Baltimore*

ADDRESS

STATE OF NEW YORK

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7122**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>THOMAS F. A. STEVENS, M. D.</b>			2. DATE OF DEATH <b>July 26, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>7-06</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>2878 Harford Road.</b>			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1/15/86</b>	9. AGE (In years last birthday) <b>66 yr.</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Physician</b>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>?</b>			14. MOTHER'S MAIDEN NAME <b>Catherine</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Charlotte Stevens</b>			ADDRESS <b>2878 Harford Rd.</b>		

18. <b>260x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute thrombosis of the superior mesenteric artery</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 hrs?</b> <b>3 years</b> <b>3 years?</b>
DUE TO <b>myocardial degeneration with decompensation</b>		
DUE TO <b>Diabetes Mellitus</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 23, 1952</b> , to <b>July 26, 1952</b> , that I last saw the deceased alive on <b>July 26, 1952</b> , and that death occurred at <b>7:55 P.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>William P. Braghty</b>		23B. ADDRESS <b>106 Biddle St.</b>		23C. DATE SIGNED <b>July 27, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/30/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Catholic Cem.</b>	
24D. LOCATION (City, town or county) (State) <b>Baltimore Md.</b>		25. FUNERAL DIRECTOR <b>Wm Cook Inc</b>		ADDRESS <b>Baltimore Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 29 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		26. ADDRESS	

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STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

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## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 52 7123

BIRTH NO. 51-26717

1. NAME OF DECEASED  
(Type or Print)

Moore, Ellen

2. DATE

OF

DEATH 7 28 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland, Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1010 Haverhill Rd.

C. Length of stay in Baltimore

8 Mos.

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11-10-51

9. AGE (In years last birthday)

8 Mos.

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?  
U S A

13. FATHER'S NAME

James Moore

14. MOTHER'S MAIDEN NAME

Nancy Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 571.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Dehydration - alkalosis  
DUE TO diarrhea

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-27, 1952 to 7-28, 1952 that I last saw the deceased alive on 7-28, 1952 and that death occurred at 8:50 Am., from the causes and on the date stated above.

23A. SIGNATURE

George Elton

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

7-28-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 29 1952

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7124

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Valletta F. Wilson</i>		2. DATE OF DEATH <i>July 29, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>D-1</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Pa.</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Smithfield</i>	
D. STREET ADDRESS (If rural, give location) <i>Rt. 2, Box 202</i>		5. SEX <i>Female</i>	
6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	
8. DATE OF BIRTH <i>Feb. 22, 1938</i>		9. AGE (in years last birthday) <i>14</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John Wilson</i>		14. MOTHER'S MAIDEN NAME <i>Bethel Trumpen</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>704.0 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Intracerebral hemorrhage</i> DUE TO (B) <i>Acute lymphoid leukemia</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	

20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *7-11*, 19*52*, to *7-29*, 19*52*, that I last saw the deceased alive on *7-29*, 19*52*, and that death occurred at *1:10 A.* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Norman E. Schaner</i> M. D.	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>
23C. DATE SIGNED <i>7-30-52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	24B. DATE <i>JULY 24-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>CHURCH HILL</i>	24D. LOCATION (City, town, or county) (State) <i>MC CLELLAND TOWN PA</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 29 1952</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, McCLERICH FUNERAL HOME</i>	
REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		ADDRESS <i>ORLEANS ST</i>	

MEDICAL CERTIFICATION

STATE OF NEW YORK

PERMITS & LICENSES

THE STATE OF NEW YORK  
DO hereby certify that  
the following persons  
have been duly  
licensed to practice  
as Physicians in  
this State.

IN WITNESS WHEREOF  
I have hereunto set  
my hand and the  
Great Seal of the  
State at Albany  
this 1st day of  
January 1900.

JOHN A. BROWN,  
GOVERNOR.

ALBANY, N. Y.

1900.

1900.

1900.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7125  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. Helen Wolf [Wolosz]

2. DATE  
OF  
DEATH

7-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MD

B. FULL NAME OF HOSPITAL OR INSTITUTION

Maryland General Hospital

C. CITY OR TOWN

BALTO

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

407 S. Clinton St. Balto 24

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Aug 24, 1893

9. AGE (In years last birthday)

59

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George Marzac

14. MOTHER'S MAIDEN NAME

Veronica Czaja

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

STANISLAUS WOLO

18. 561.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication, which caused death.)

(A) Strangulated left femoral hernia

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary embolism

1 day

19A. DATE OF OPERATION

7-19-52

19B. MAJOR FINDINGS OF OPERATION

Gangrenous Small Bowel Femoral hernia

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

NO

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

NO

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

NO

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-19 1952 to 7-27, 1952, that I last saw the deceased alive on 7-27, 1952, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Frank D. Hauke M.D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

7-27-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

July 30/52

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART of Mary GERMAN HILL ROAD

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUL 29 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Stephen J. Fialkowski, Inc.

ADDRESS

STATE OF NEW YORK  
DEPARTMENT OF AGRICULTURE

OFFICE OF THE COMMISSIONER OF AGRICULTURE

ALBANY, N. Y.

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

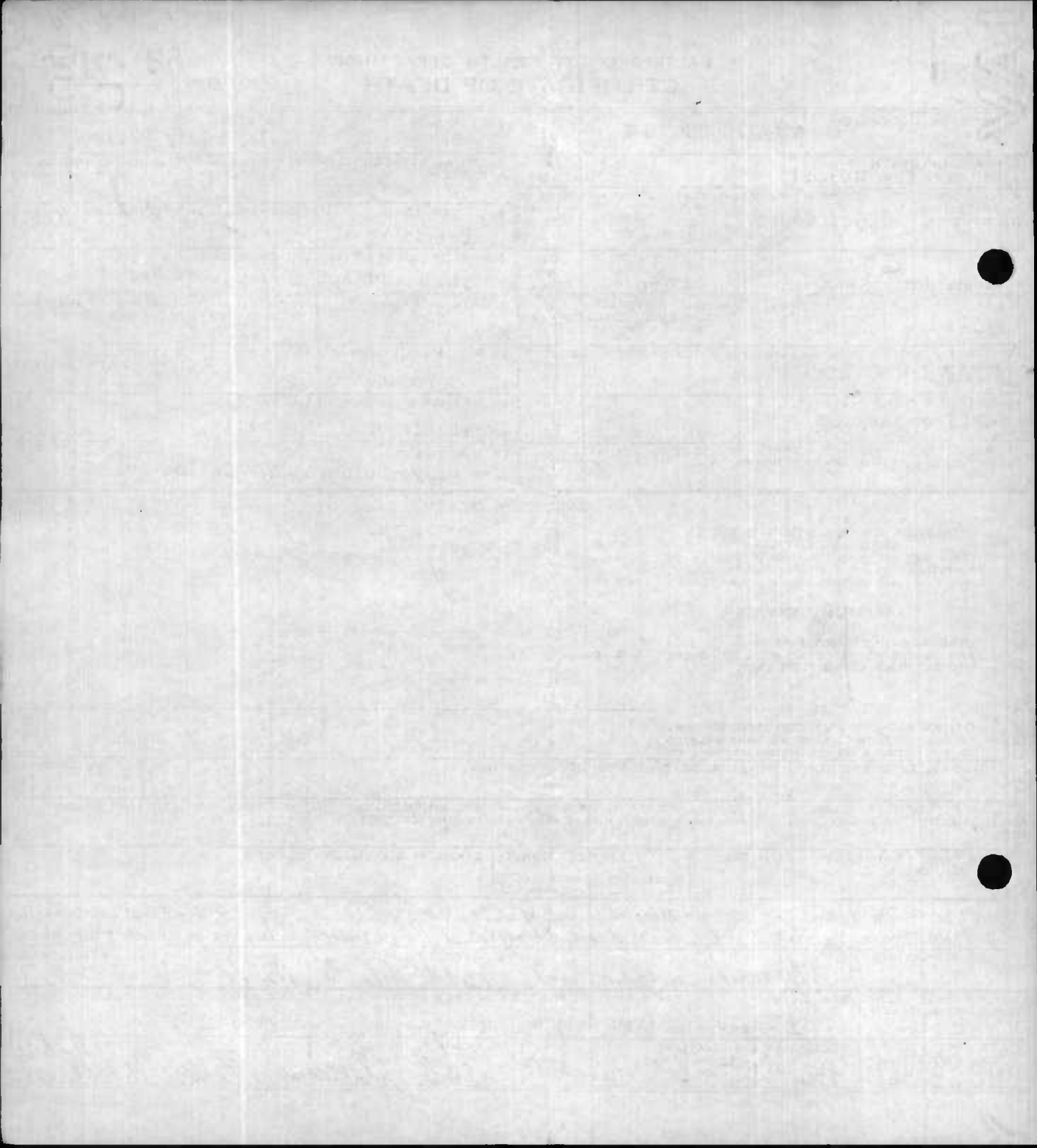
Registered No. **52 7126**

1. NAME OF DECEASED (Type or Print) <b>WILLIAM GOLDMAN</b>			2. DATE OF DEATH <b>July 27, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Royal Court Apts 2477 Callow Ave</b>			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>44 Yrs</b>			D. STREET ADDRESS (If rural, give location) <b>Royal Court Apt 2477 Callow Ave</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 4, 1901</b>		9. AGE (In years last birthday) <b>51</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance Agent</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Poland</b>
13. FATHER'S NAME <b>Simon Goldman</b>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mrs Sadye Goldman</b>			ADDRESS <b>2477 Callow Ave</b>		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>July 19<sup>th</sup></b> to <b>July 27, 1952</b> , that I last saw the deceased alive on <b>July 27, 1952</b> and that death occurred at <b>10:00 P. M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>M. G. Needle</b>		23B. ADDRESS <b>2314 W. North Ave.</b>		23C. DATE SIGNED <b>7/28/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 29, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>United Hebrew Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Washington Blvd</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 29 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Sol. Flinson</b>		ADDRESS <b>1126 W. North Ave.</b>	

MEDICAL CERTIFICATION



413  
52-7127BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7127  
Registered No.

1. NAME OF DECEASED (Type or Print) HOWARD CLIFTON		2. DATE OF DEATH July 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3313 Devonshire Drive		C. CITY OR TOWN (If outside corporate limits, write R.U.R.A.L. and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3313 Devonshire Drive	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 2, 1875
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk		10B. KIND OF BUSINESS OR INDUSTRY Gas & Elec. Co.	9. AGE (In years, last birthday) 77
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert D. Clifton		14. MOTHER'S MAIDEN NAME Caroline Hoffman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 212-05-2708	
17. INFORMANT Mr. Robert G. Clifton		ADDRESS Drive 3313 Devonshire	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 177X I CAUSE OF DEATH (A) carcinoma Prostate DUE TO operation. (B) DUE TO (C) cerebral apoplexy arteriosclerosis.	INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 12 weeks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

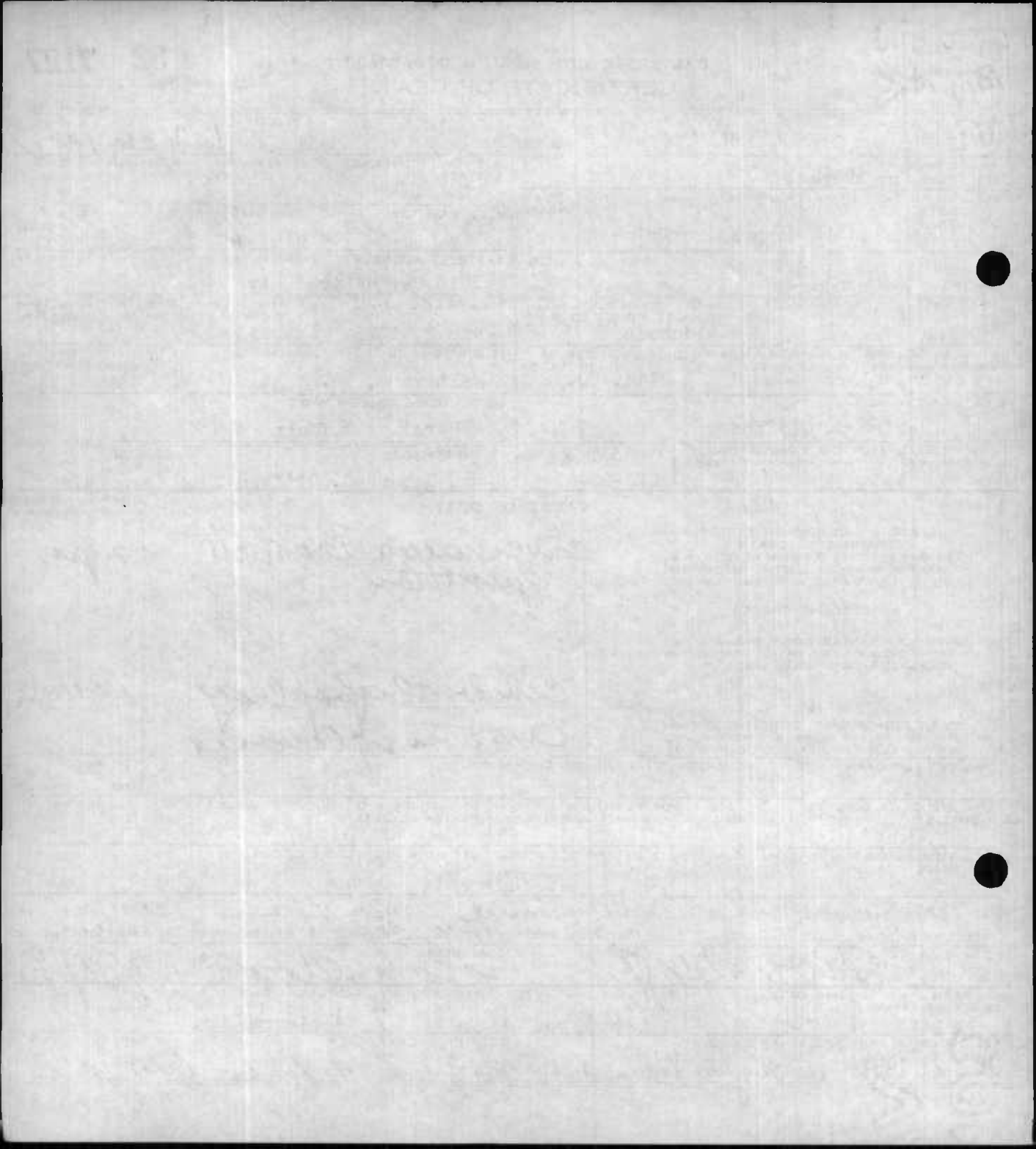
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1952 to 7/26, 1952 that I last saw the deceased alive on June 19, 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE Howard Clifton	23B. ADDRESS 2020 N. Cleverly	23C. DATE SIGNED 7/28/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7-29-52	24C. NAME OF CEMETERY OR CREMATORY London Pl.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUL 29 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. J. Tucker & Sons Inc. Balt. Md.	ADDRESS
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Lombardo, Andrew Russell</b>			2. DATE OF DEATH <b>July 28, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore #29</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore #29</b>		
Length of stay in Baltimore <b>50 years</b>			D. STREET ADDRESS (If rural, give location) <b>3407 Edmondson Avenue</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 4, 1874</b>	9. AGE (In years last birthday) <b>77</b>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>BARBER</b>	11. BIRTHPLACE (State or foreign country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>VINCENT LOMBARDO</b>			14. MOTHER'S MAIDEN NAME <b>BENNETTA BEVIAQUA</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>215-32-0457</b>	17. INFORMANT ADDRESS <b>MR. VINCENT LOMBARDO 3407 EDMONDSON AVE</b>		

18. <b>760 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Arterio coronary occlusion</b> DUE TO <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B) Generalized arteriosclerosis</b> DUE TO <b>(C) Diabetes Mellitus</b>		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **July 28**, 1952, to **July 28**, 1952, that I last saw the deceased alive on **July 28**, 1952 and that death occurred at **10:30am.**, from the causes and on the date stated above.

23A. SIGNATURE <b>P. J. J. J.</b>	23B. ADDRESS <b>1400 N. Caroline Street</b>	23C. DATE SIGNED <b>July 28, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>7-31-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>NEW CATHEDRAL</b>
24D. LOCATION (City, town, or county) (State) <b>BALTO. MD</b>	25. FUNERAL DIRECTOR ADDRESS <b>Huntington Williams, Inc. 1000 N. J. Tucker, Inc. Balto. Md</b>	

MEDICAL CERTIFICATION

1517

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450  
52 7129BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 52 7129

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Gesina R. Gleim		7-7-52	
3. PLACE OF DEATH:					
A. Baltimore City, Maryland 6420 Reisterstown Road					
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)					
The Seton Institute					
C. Length of stay in Baltimore 3 yrs - 26 days					
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
A. STATE B. COUNTY C. CITY OR TOWN D. STREET ADDRESS (If rural, give location)					
4400 Leeds Ave. Balt. 29 Md. Baltimore 5300					
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
F		white		widow	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)					
retired housewife					
10B. KIND OF BUSINESS OR INDUSTRY					
-					
13. FATHER'S NAME					
George Groosman					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)					
no					
16. SOCIAL SECURITY NO.					
no					
17. INFORMANT ADDRESS					
The Seton Institute - Baltimore, Md.					
18. 304X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
CAUSE OF DEATH					
Myocarditis					
DUE TO					
(A) Psychosis					
DUE TO					
Arterio sclerosis (General)					
(B) 36 1/2 yrs.					
(C)					
INTERVAL BETWEEN ONSET AND DEATH					
10 days					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION					
0					
19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 7/1, 1949 to 7/27, 1952, that I last saw the deceased alive on 7/16, 1952, and that death occurred at 7 A. M., from the causes and on the date stated above.					
23A. SIGNATURE					
D. P. Delagid					
23B. ADDRESS					
3336 Frederick Ave. Balt. Md.					
23C. DATE SIGNED					
7/1/52					
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
BURIAL		7-30-52		LOUDBN PK CEM 7	
				BALTO. MD	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
JUL 29 1952		Huntington Williams, MD		Wm. J. Tuckner - Loudon. Balt. Md	

5150

DEPARTMENT OF HEALTH  
STATE OF CALIFORNIA  
CERTIFICATE OF DEATH

5150

Blank certificate form with horizontal lines for text entry.

-651  
2 7130BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7130

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George Pascal Branford

2. DATE  
OF  
DEATH

July 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 140 S. monastery

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Balto. Md.D. STREET ADDRESS (If rural, give location)  
140 S. monastery Ave.

Length of stay in Baltimore 554

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct 3, 1881

9. AGE (in years  
last birthday)

70

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter Ret. 4 yrs.

10B. KIND OF BUSINESS OR INDUSTRY

Const.

11. BIRTHPLACE (State or foreign country)

Wills Md. Plum Point, Calvert Co.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George P. Branford

14. MOTHER'S MAIDEN NAME

Anna Wang

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

2-15-07-1191

17. INFORMANT

Pierre W. Branford, monastery Ave.

ADDRESS 140 S

18. 420.1  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A) Coronary Thrombosis

DUE TO

(B) Left Hemiplegia

DUE TO

(C) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

Instantly

2 wks

years

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1947 to July 26, 1952 that I last saw the deceased alive on July 26, 1952 and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

G. J. Mendels M. D.

23B. ADDRESS

651 N Bentaleu

23C. DATE SIGNED

5/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

July 30, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Henry E. Dill.

ADDRESS

3109 Treoth Ave.

VS 150

51024

Handwritten text, mostly illegible due to fading and bleed-through. The text appears to be organized into several paragraphs or sections, possibly containing dates and names. Some legible fragments include:

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7131**

BIRTH NO. **100 7131**

1. NAME OF DECEASED (Type or Print) <b>August RAABE</b>		2. DATE OF DEATH <b>7/26/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md.</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>309 N. Payson St.</b>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Baltimore 20-01</b>	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>309 N. Payson St</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>W.</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	10. DATE OF BIRTH <b>Jan-17-1885</b> 67
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret Grocery Clerk</b>		12. KIND OF BUSINESS OR INDUSTRY <b>A. &amp; P. Stores</b>	
13. FATHER'S NAME <b>Frederick Raabe</b>		14. MOTHER'S MAIDEN NAME <b>Margaret Gottschalk</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>218-01-3890</b>	
17. INFORMANT <b>Melvin Raabe</b>		ADDRESS <b>Harre de Grace</b>	

MEDICAL CERTIFICATION

18. <b>470.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ARTERIOSCLEROTIC HEART DISEASE</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R. F. Fisher</b> M.D.		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>7-27-52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July-29-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Belair Mem. Park</b>		24D. LOCATION (City, town, or county) (State) <b>Hagerford Co. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 29 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Wm Cook Inc.</b>		ADDRESS <b>Baltimore</b>	

**3906A**

1871

REPORT OF THE  
COMMISSIONER OF DEW

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7132**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**RICHARD**

**ALLEN**

2. DATE  
OF  
DEATH

**July 27, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**University Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

**Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)

**134 S. Dallas Street**

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**Colored**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**Single**

8. DATE OF BIRTH

**1920**

9. AGE (In years  
last birthday)

**32**

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

**Laborer**

10B. KIND OF BUSINESS OR  
INDUSTRY

**Construction Job**

11. BIRTHPLACE (State or foreign country)

**N.C.**

12. CITIZEN OF  
WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Richard Allen**

14. MOTHER'S MAIDEN NAME

**Nannie Bailey**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Davidson Funeral Home, Charlotte, N.C.**

18. **E9, 9, 21**

**CAUSE OF DEATH**

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) **Asphyxia**

DUE TO **Drowning**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

**Arundel Sand and Gravel Frankfurst Avenue, Fairfield**

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

**7/27/52 6:30 P.? m.**

21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

**drowning, found drowned**

**25-6**

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

**7/28/52**

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

**Burial**

**July 31-52**

**Charlotte 7 N.C.**

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**JUL 29 1952**

**Huntington Williams, M.D. James A. Stages**

**6384 9th**

V S 151

**N-990 x**

**978 24**

MEDICAL CERTIFICATION

SENT

SD

RECEIVED

SENT

-250

2 7133

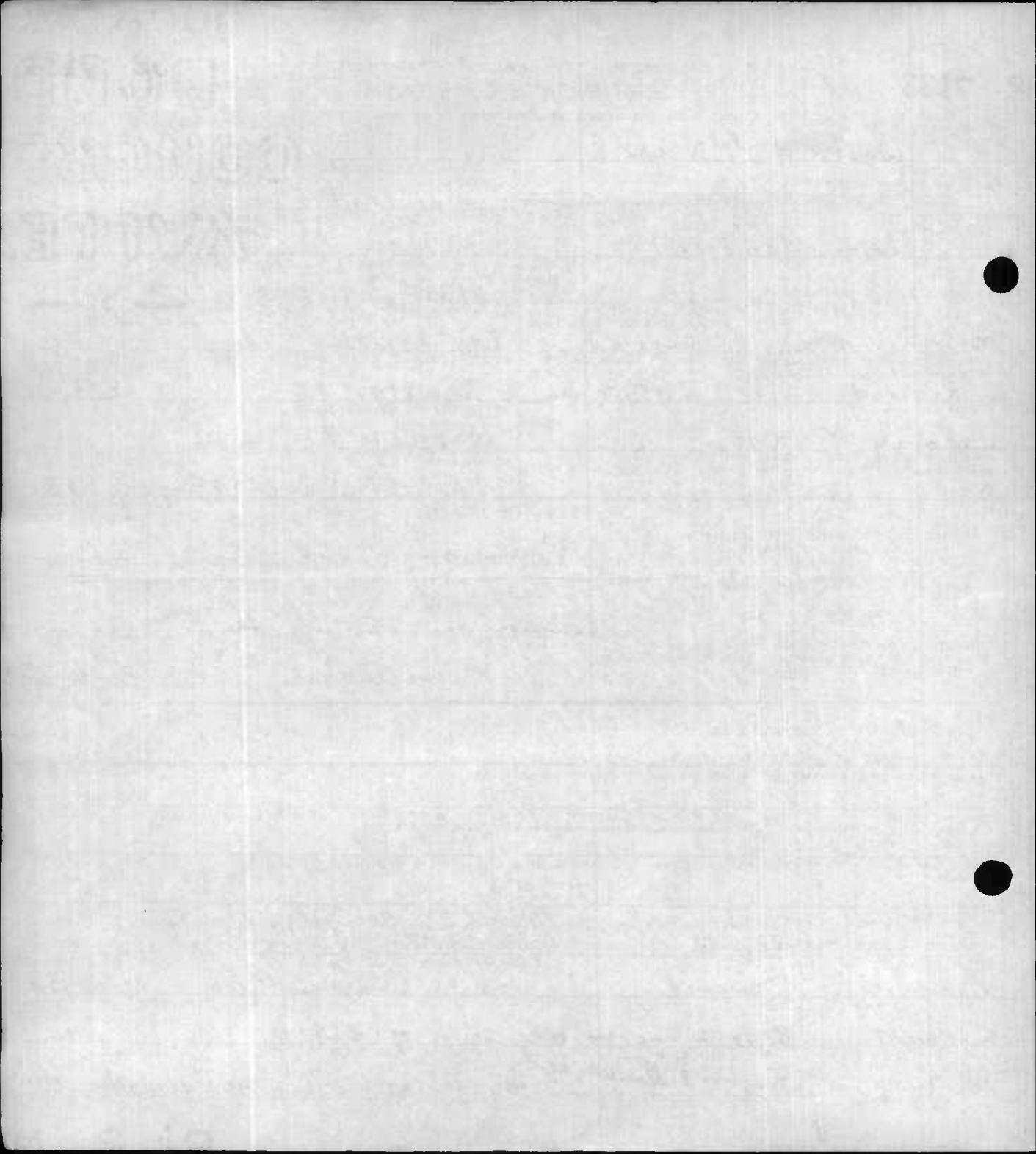
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7133

1. NAME OF DECEASED (Type or Print) <i>Walter H. McKnew</i>		2. DATE OF DEATH <i>July 28, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>27-01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>4718 Eugene Ave.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov. 17, 1880</i>
9. AGE (In years last birthday) <i>71</i>		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>B. &amp; O. Railroad</i>	
11. BIRTHPLACE (State or foreign country) <i>Balto.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Thomas McKnew</i>		14. MOTHER'S MAIDEN NAME <i>Harriet ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT <i>Mrs. Louise McKnew - 4718 Eugene Ave.</i>		ADDRESS	
18. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i>			
DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cardio. Vascular Hypertension</i>			
DUE TO			
<i>Arteriosclerosis</i>			
INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 hrs.</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>March 3, 1952</i> to <i>July 28, 1952</i> that I last saw the deceased alive on <i>July 26, 1952</i> , and that death occurred at <i>12:30 P. m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Michael J. Dausch</i>		23B. ADDRESS <i>4636 Belair Road</i>	
23C. DATE SIGNED <i>7-28-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Entomement</i>		24B. DATE <i>July 21, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 29 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	
25. FUNERAL DIRECTOR <i>John T. Stansbury</i>		ADDRESS <i>2700 Edmondson Ave.</i>	

MEDICAL CERTIFICATION

69050



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7134  
Registered No.

525  
52 7134  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mary Ellen Johnson.</b>			2. DATE OF DEATH <b>July 27, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland.</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>3819 Roland Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
5. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>3819 Roland Ave.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>June 15, 1863</b>		9. AGE (In years last birthday) <b>About 89</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>Unknown.</b>			14. MOTHER'S MAIDEN NAME <b>Octavia Fogarty.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Elizabeth L. Schrock 3819 Roland Ave</b>		

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic C.V. Dis</b>				INTERVAL BETWEEN ONSET AND DEATH	
DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				DUE TO	
				DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 1</u> , 1952, to <u>July 27</u> , 1952, that I last saw the deceased alive on <u>July 26</u> , 1952, and that death occurred at <u>6:30</u> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Edw. H. Hamman</i> M. D.		23B. ADDRESS <u>4057 Falls Rd.</u>		23C. DATE SIGNED <u>7/28/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 30/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St. Mary's, Hampden</b>		24D. LOCATION (City, town, or county) (State) <b>3900 Roland Ave Md</b>	
DATE RECEIVED BY <b>JUL 29 1952</b>		REGISTERED SIGNATURE <i>Hurling</i>		25. FUNERAL DIRECTOR ADDRESS <b>Austin E. Donovan - 3818 Roland Ave.</b>	

UNITED STATES DEPARTMENT OF HEALTH  
CENTRAL OFFICE OF DEATH

July 27, 1952

Harry Alan Johnson.

Virginia

63

3819 Roland Ave.

3819 Roland Ave.

June 15, 1952 About 59

Widow

White

Female

Unknown

Virginia

U.S.

Corvallis, Oregon

Unknown

3819 Roland Ave. Johnson, Harry Alan

3819 Roland Ave

Corvallis, Oregon

July 27, 1952

Female

120  
52 7135

52 7135

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print) **GEORGE M. HOBBS**

2. DATE OF DEATH **7-27-52**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
A. STATE **MARYLAND** B. COUNTY \_\_\_\_\_

B. FULL NAME OF HOSPITAL OR INSTITUTION **UNION MEMORIAL HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **BALTIMORE**

Length of stay in Baltimore **LIFETIME** Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Days \_\_\_\_\_

D. STREET ADDRESS (If rural, give location) **141 WEST 36th STREET**

5. SEX **M** 6. COLOR OR RACE **W** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Widower**

8. DATE OF BIRTH **7-23-1874** 9. AGE (In years last birthday) **78**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Fish & Oysterman** 10B. KIND OF BUSINESS OR INDUSTRY **Retired 20 years**

11. BIRTHPLACE (State or foreign country) **MARYLAND** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME **Charles R. Hobbs** 14. MOTHER'S MAIDEN NAME **AMELIA Frances Myers**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No** (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT ADDRESS **MRS. DOTERER 944 NORTH HILL RD.**

18. **420.1** CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**Respiratory failure**  
DUE TO  
ANTECEDENT CAUSES  
**Myocardial infarction**  
DUE TO  
**coronary occlusion**  
INTERVAL BETWEEN ONSET AND DEATH  
**2 days**  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION \_\_\_\_\_ 19B. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) \_\_\_\_\_

21D. TIME (Month) (Day) (Year) (Hour) (Minute) INJURY \_\_\_\_\_ 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR? \_\_\_\_\_

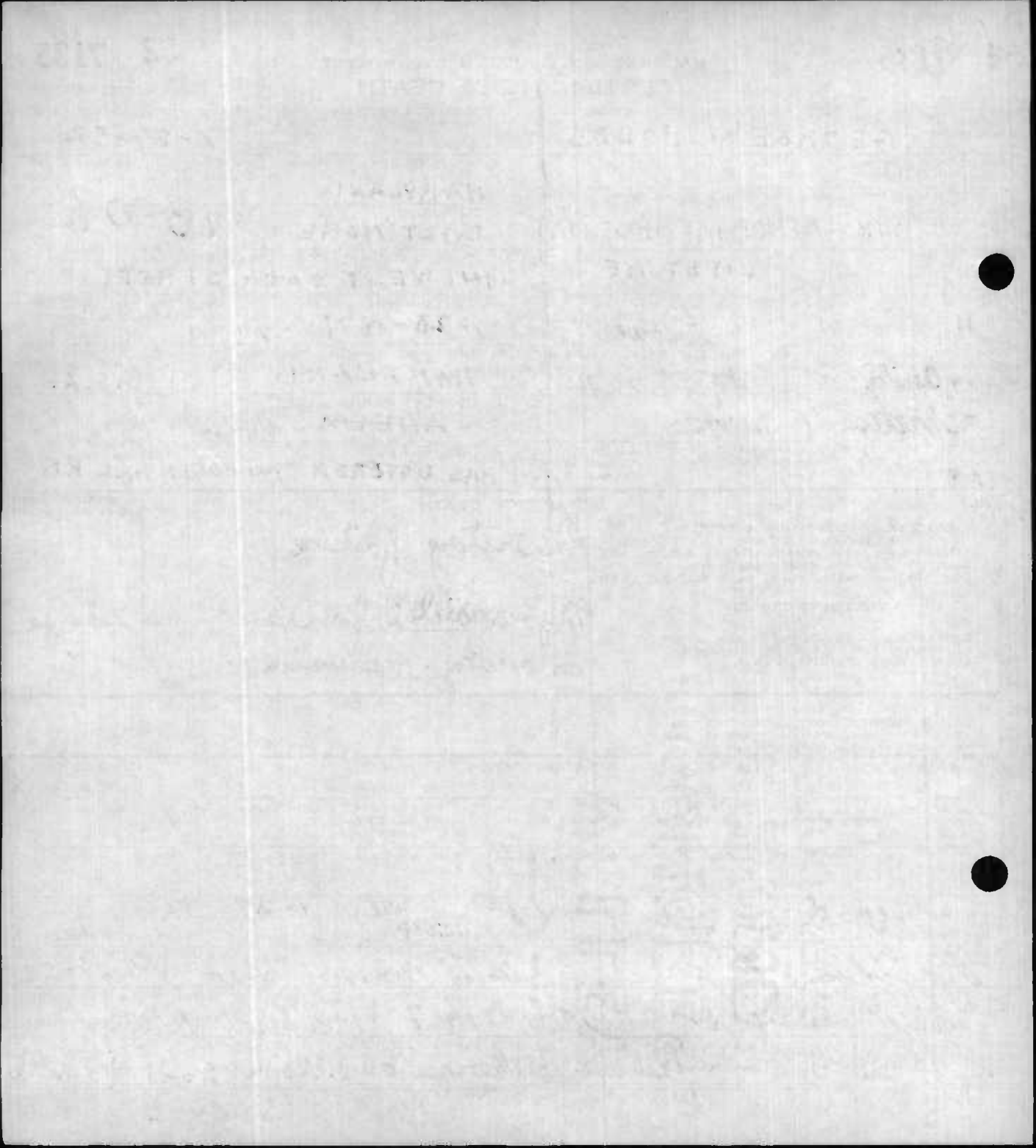
22. I hereby certify that I attended the deceased from **7-25**, 19**52**, to **7-27**, 19**52**, that I last saw the deceased alive on **7-27**, 19**52**, and that death occurred at **12:38 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Raymond Beardsley** 23B. ADDRESS **Union Memorial Hosp** 23C. DATE SIGNED **7-27-52**

24A. BURIAL OR CREMATION (Specify) **Burial** 24B. DATE **July 29-1952** 24C. NAME OF CEMETERY OR CREMATORY **Loudon Park** 24D. LOCATION (City, town, or county) (State) **Baltimore Maryland**

DATE RECEIVED BY LOCAL REGISTRAR **JUL 29 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR ADDRESS **George F. Burgee 363 Foll Rd.**

MEDICAL CERTIFICATION



400  
2 7136BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7136  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary E. Bailey

2. DATE  
OF  
DEATH

July 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1200 Battery Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1200 Battery Ave.

6. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

11-9-1883

9. AGE (in years  
last birthday)

68 yrs.

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Morgan

14. MOTHER'S MAIDEN NAME

Rachel Schumann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Thomas Bailey 1639 Belt St. Balto. 30

18. 477.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1952, to July 26, 1952, that I last saw the  
deceased alive on July 26, 1952, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

July 28, 1952

Cedar Hill

Ritchie Highway Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 29 1952

Huntington Williams, M.D.

KAUSE FUNERAL HOME 12165 Charles St.

1938

DEPARTMENT OF HEALTH



521  
52 7137

YOUNG BAR  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7137

1. NAME OF DECEASED (Type or Print) <i>John Young Bar</i>		2. DATE OF DEATH <i>7/27/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baliti</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctors Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
D. STREET ADDRESS (If rural, give location) <i>1510 Chesapeake Av.</i>			
5. SEX <i>M</i>		6. COLOR OR RACE <i>W.</i>	
7. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>Apr 11 1887</i>	
9. AGE (In years, last birthday) <i>65</i>		10. UNDER 1 Year Months: Days	
11. UNDER 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Night mail carrier</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>U.S. Ind. etc</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>Unknown</i>	
13. FATHER'S NAME <i>Pierce Young Bar</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Francis Young Bar</i>		ADDRESS <i>1510 Chesapeake Av.</i>	

18. <i>470.0</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)	(A) <i>acute coronary artery disease</i>	
ANTECEDENT CAUSES	(B) <i>arteriosclerotic heart disease</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>toxic pneumonia l. base</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>7/27</i> , 19 <i>52</i> , to <i>7/27</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>7/27</i> , 19 <i>52</i> , and that death occurred at <i>7:45</i> a.m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Philip W. Kistner</i>	23B. ADDRESS <i>302 Patuxent Av.</i>	23C. DATE SIGNED <i>7/29/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/30/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill</i>
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	ADDRESS <i>Wm. Cook, Jr. Balto Md</i>

JUL 29 1952

76346

7-17-57

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

MAILED  
JUL 17 1957



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7138**

BIRTH NO. **450 7138**

1. NAME OF DECEASED (Type or Print) <b>EDWIN EDWARD</b>			2. DATE OF DEATH <b>July 25, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>St. Agnes Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>520 S. Collins Avenue</b>			E. LENGTH OF STAY IN BALTIMORE <b>Life</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 20th 1887</b>	9. AGE (In years last birthday) <b>64</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>
11. KIND OF BUSINESS OR INDUSTRY <b>Wholesale</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>George Klemm</b>			14. MOTHER'S MAIDEN NAME <b>Mona Nestor</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>June Klemm 520 S. Collins Ave.</b>			ADDRESS		

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic Cardiovascular Disease</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) .....		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) .....		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C) .....		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>Robert Fisher</b>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>7/26/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>July 29, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 29 1952</b>		25. FUNERAL DIRECTOR <b>Shippert, Son &amp; Co. 1300 E. Eager Road</b>		

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1873

THE NEW YORK PUBLIC LIBRARY  
ASTOR LENOX TILDEN FOUNDATION  
500 5TH AVENUE NEW YORK 17 N.Y.

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460  
52 7139

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7139

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>WILLIAM CHARLES MILLER</b>			2. DATE OF DEATH <b>July 28, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Carroll</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>University Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Westminster 56-41</b>		
D. STREET ADDRESS (If rural, give location) <b>112 East Green St.</b>			5. LENGTH OF STAY IN BALTIMORE <b>19 days</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 10, 1889</b>	9. AGE (In years last birthday) <b>66</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Furniture Store</b>		
11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Frank Miller</b>			14. MOTHER'S MAIDEN NAME <b>Carrie Mathews</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>213-16-1950</b>		
17. INFORMANT <b>Mr. Wm. C. Miller, Westminster Md.</b>			ADDRESS		

CAUSE OF DEATH

18. <b>420.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial Infarction</b>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>None</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 9, 1952** to **July 28, 1952**, that I last saw the deceased alive on **July 28, 1952**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Richard C. Packard</b>	23B. ADDRESS <b>University Hospital</b>	23C. DATE SIGNED <b>7/29/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 29/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Westminster</b>
24D. LOCATION (City, town, or county) (State) <b>Westminster Md.</b>	25. FUNERAL DIRECTOR <b>Huntington Williams, Jr.</b>	
ADDRESS <b>4906 G Westminster, Md.</b>		

DATE RECEIVED BY LOCAL REGISTRAR  
JUL 29 1952

PM 17 50

THE RACIAL RECORDS OF THE  
CENTRAL BUREAU OF INVESTIGATION

1917

NAME		BIRTH		DEATH		MARRIAGE		EDUCATION		OCCUPATION		RESIDENCE		STATUS		REMARKS	

7140

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7140

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Maggie Com Epps

2. DATE  
OF  
DEATH

7-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

Maryland

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

1737 Ashburton St

D. STREET ADDRESS (If rural, give location)

1737 Ashburton St

C. Length of stay in Baltimore

50 yrs.

5. SEX

Female

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

7-27-1886

9. AGE (In years  
last birthday)

66

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Nathaniel Sutton

14. MOTHER'S MAIDEN NAME

Henrietta

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Laura Jackson 1737 Ashburton St

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-8, 1954 to 7-24, 1954, that I last saw the  
deceased alive on 7-24, 1954, and that death occurred at 11 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 29 1952

Huntington Williams, Jr.

Chas G. Cooper

5712 N. Carrollton ave

1000

WASHINGTON FIELD OFFICE  
CENTRAL FILE

10



1-5320 7141

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7141

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>James Sims</b>		2. DATE OF DEATH <b>July 26, 1952</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>12 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1402 Druid Hill Ave</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 11, 1909</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Presser</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>43</b>
13. FATHER'S NAME <b>?</b>		11. BIRTHPLACE (State or foreign country) <b>Durham, N.C</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
16. SOCIAL SECURITY NO. <b>?</b>		14. MOTHER'S MAIDEN NAME <b>Charlotte ?</b>	
17. INFORMANT <b>Lucinda Sims D.H. Ave</b>		ADDRESS <b>1402</b>	

18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> DUE TO (A) <b>Hypertension, Arteriosclerosis</b> (B) <b>10 yrs</b> (C) <b>18 yrs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

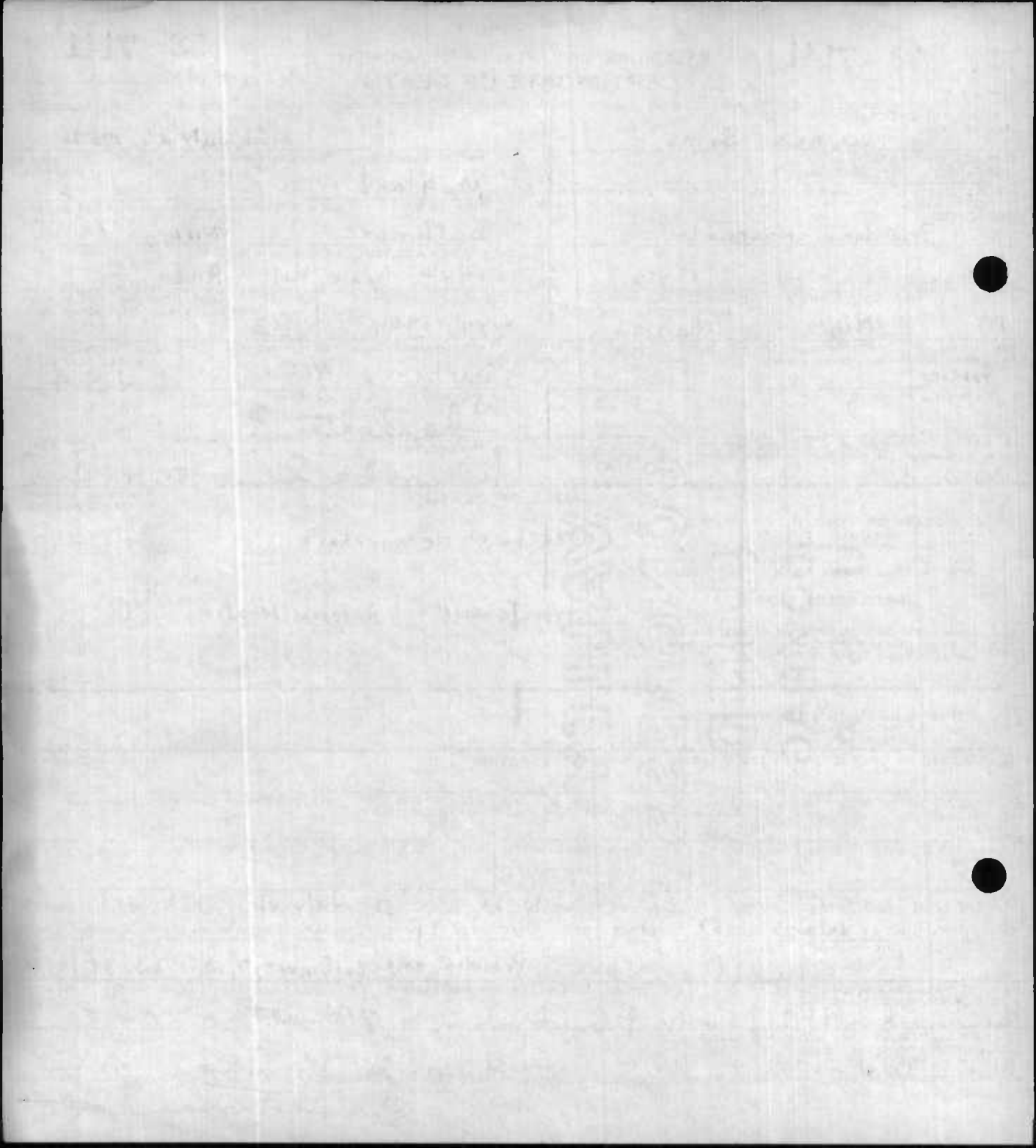
22. I hereby certify that I attended the deceased from **July 26**, 1952, to **July 26**, 1952, that I last saw the deceased alive on **July 26**, 1952, and that death occurred at **10:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James D. Carr</b>	23b. ADDRESS <b>Provident Hosp. Baltimore, Md.</b>	23c. DATE SIGNED <b>July 28, 1952</b>
--	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/31/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Auburn</b>	24d. LOCATION (City, town, or county) (State) <b>Baltimore, Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 29 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Geo. H. Kelson</b>	ADDRESS <b>1303</b>

690 46 Bresstman

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7142  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**JAMES**

**LAMB**

2. DATE  
OF  
DEATH

**July 28, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Baltimore City Hospital**

Length of stay in Baltimore

?

Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**Colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**D**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**none**

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

**James Lamb, Sr.**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

**none**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

**Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**4940 Eastern Avenue**

8. DATE OF BIRTH

**1885**

9. AGE (In years last birthday)

**66**

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

**N. C.**

12. CITIZEN OF WHAT COUNTRY?

**USA**

14. MOTHER'S MAIDEN NAME

**A. Taylor**

17. INFORMANT

ADDRESS

**Ellis Lamb 1502 Smallwood St.**

18.

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Compound Fracture of Left Tibia**

**XXXXXX**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Fracture of Pelvis**

**XXXXXX**

(C) **Crushed Chest**

**II**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Arteriosclerotic Cardiovascular Disease**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

**Balto. City Hospital**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**4940 Eastern Avenue**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

**7/27/52 11:59P.?**

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

**Fell or jumped from 3rd story window**

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

*William J. ...*

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

**7/28/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

**Burial 7/31/52**

24C. NAME OF CEMETERY OR CREMATORY

**Arbutus**

24D. LOCATION (City, town, or county)

**Balto. Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

**Geo. G. Kelson 1303 Prosser St.**

ADDRESS

*Huntington Williams, M.D.*

**N-809.02**

*Geo. G. Kelson*

MEDICAL CERTIFICATION

1112

CERTIFICATE OF DEATH

1112



620  
52 7143BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7143  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

THERESA LEWY MYERS

2. DATE  
OF  
DEATH JULY 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Esplanade Apartments

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Esplanade Apartments

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

Sampson Lewy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.  
None

17. INFORMANT

ADDRESS

Mr. L. Carol Myers-Esplanade Apartments

18. 334X and E 931.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(A) DUE TO

General Arterio Sclerosis 10 yrs

(B) DUE TO

Cerebral Arterio Sclerosis 2-3 yrs

(C) DUE TO

Heat Exhaustion 2 weeks

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to July 29, 1952, that I last saw the deceased alive on July 28, 1952, and that death occurred at 1:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Cremation

24B. DATE

July 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Crematory

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

L 29 1952

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#17

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

IN SENATE, JANUARY 12, 1911.

REPORT OF THE ATTORNEY GENERAL

FOR THE YEAR 1910.

ALBANY: JAMES B. LEECH, STATE PRINTER.

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430  
52 7144BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7144

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GILDEA, Mr. Williams P. S.

2. DATE  
OF  
DEATH

July 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Church Home &amp; Hospital

C. Length of stay in Baltimore

5. SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

m

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Business executive

10B. KIND OF BUSINESS OR  
INDUSTRY

Julson &amp; Co.

13. FATHER'S NAME

Gildea, Frank DAVID

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

104 W University Pkwy

8. DATE OF BIRTH

Oct. 17, 1875

9. AGE (In years  
last birthday)

76

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF  
WHAT COUNTRY?

u s a

14. MOTHER'S MAIDEN NAME

Wechs, Margaret.

17. INFORMANT

Son, 5401 Burlington Way

ADDRESS

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Broncho pneumonia

DUE TO

12 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis

DUE TO

(C) old age

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1952, to July 28, 1952, that I last saw the  
deceased alive on July 27, 1952, and that death occurred at 1:05 PM, from the causes and on the date stated above.

23A. SIGNATURE

Lester H. Wilson

M. D.

23B. ADDRESS

Church Home &amp; Hosp.

23C. DATE SIGNED

July 28, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7.30.52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem &amp; A BALTO. MD

24D. LOCATION (City, town, or county)

BALTO. MD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 29 1952

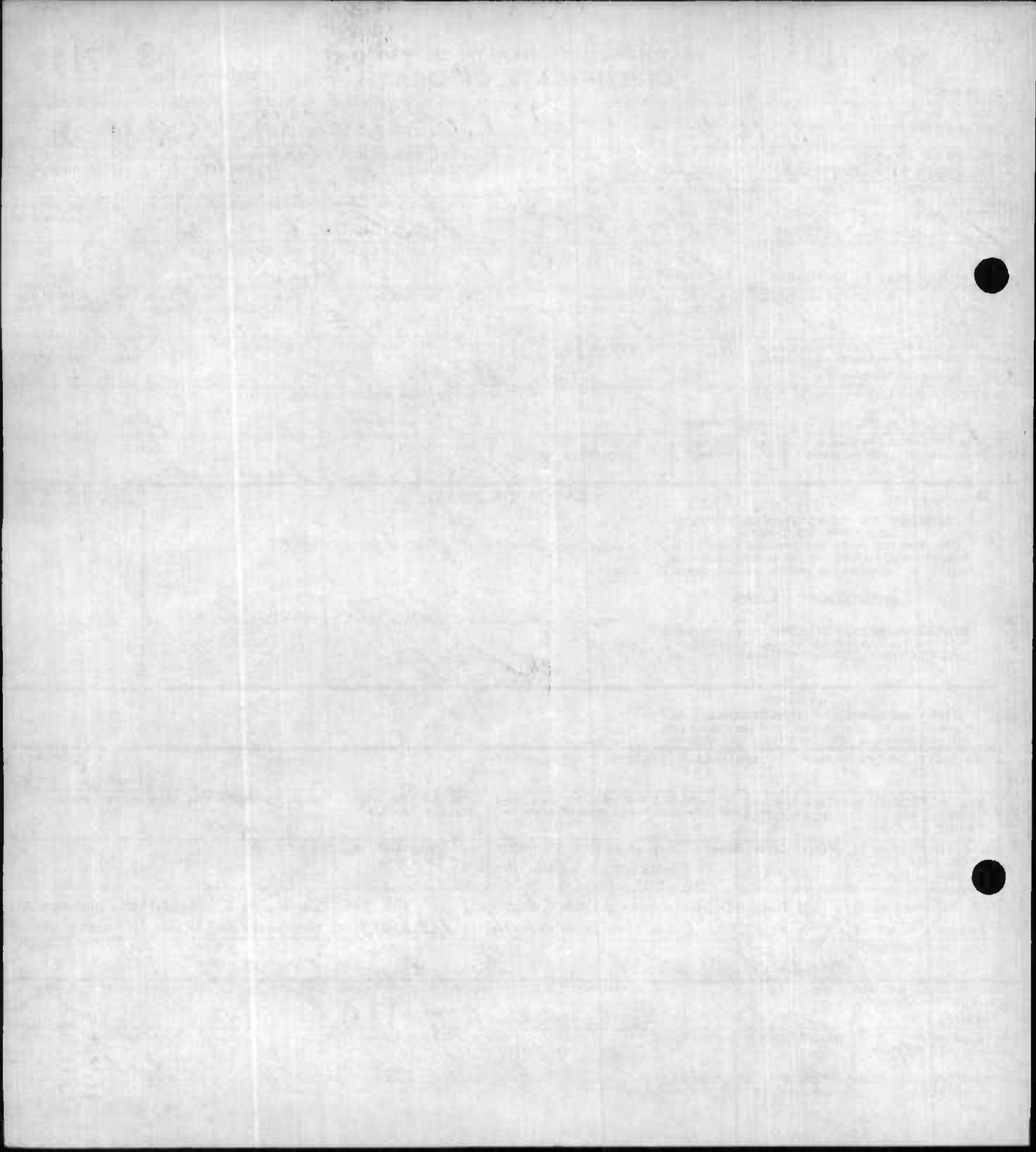
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm J. Tucker, Son. Inc Balto Md

ADDRESS



152

52 7145

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7145

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)NORMAN  
Mr. Norman A. Robbins ROBBINS2. DATE  
OF  
DEATH

7-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 4-07

D. STREET ADDRESS (If rural, give location)

1700 Eutaw Place

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Dec 5, 1902

9. AGE (In years  
last birthday)

49

10. Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Bank Rept. Mgr.

CONSOL. ENG. CO. INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md. BALTO

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Augustan James Robbins

14. MOTHER'S MARRIAGE NAME

Helen Wernig

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

?

17. INFORMANT

ADDRESS

Mrs. Virginia Robbins same

18. 331X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Central Embolism + Hemorrhage

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertension (uncontrolled)

DUE TO

(C) Arteriosclerosis

INTERVAL BETWEEN  
ONSET AND DEATH

Sudden

1 year

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Th

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1st, 1952, to July 25th, 1952, that I last saw the  
deceased alive on July 25th, 1952, and that death occurred at 7:19 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

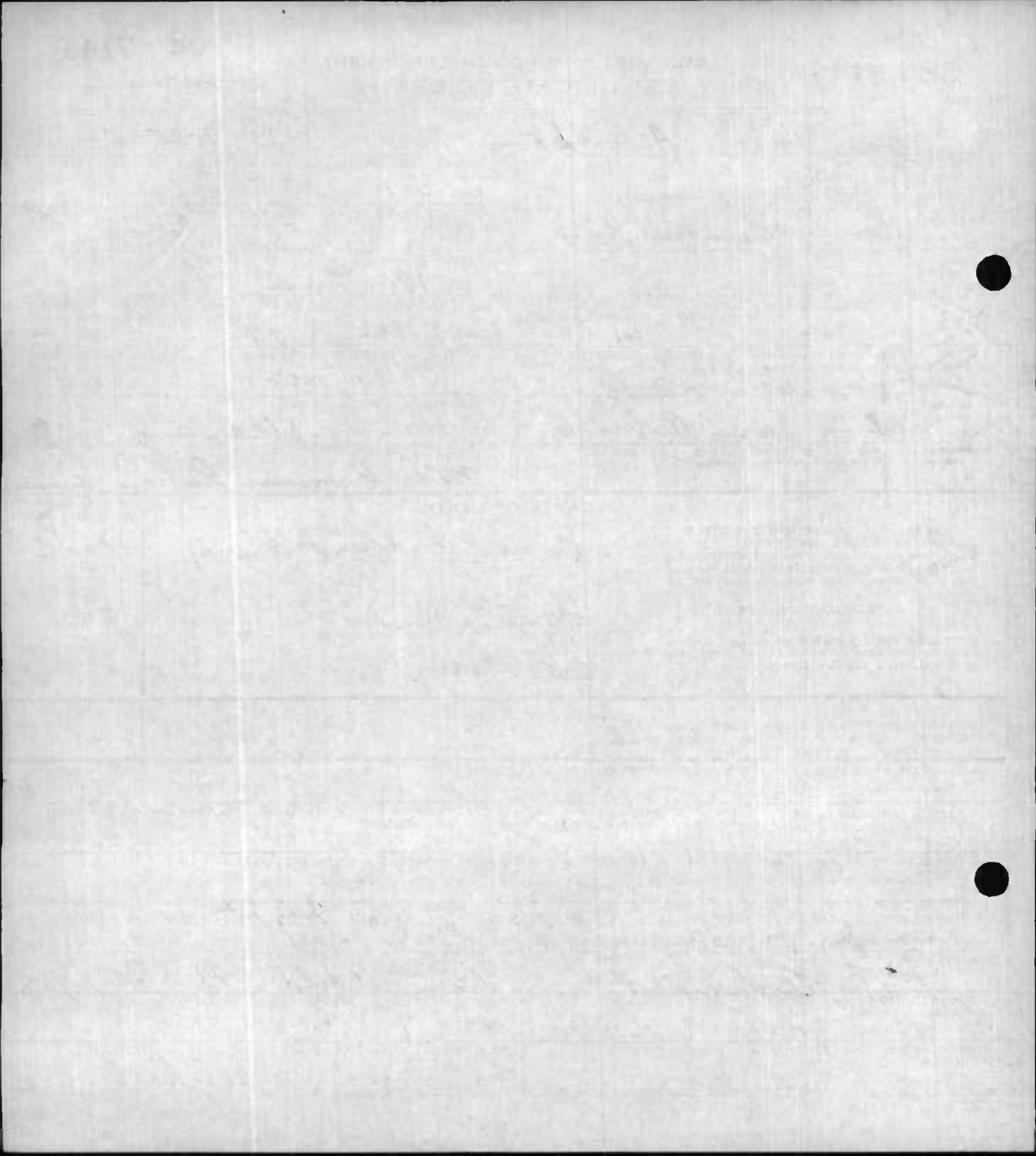
VS 150

Huntington Williams, M.D.

Wm. J. Tuckew. Sons Inc. Balto Md

31024

MEDICAL CERTIFICATION



222  
52 7146

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7146  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>MARYA Mc Isaac</i>			2. DATE OF DEATH <i>JULY 28, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>UNION MEMORIAL HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write R. R. and give township) <i>BALTIMORE</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2808 LOUDON AVE</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>JUN 26, 1894</i>		9. AGE (In years last birthday) <i>58</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>JOHN GROFF</i>			14. MOTHER'S MAIDEN NAME <i>HESTER GROSS</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>HOSPITAL RECORDS UNION MEM. HOSP.</i>		

18. <i>176X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Sarcoma of canal of Neck</i> DUE TO <i>Recurrent and with metastasis</i>	CAUSE OF DEATH (A) <i>Sarcoma of canal of Neck</i> (B) <i>Recurrent and with metastasis</i> (C)	INTERVAL BETWEEN ONSET AND DEATH <i>18 mon.</i>
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ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>Aug 10, 1952</i>	19B. MAJOR FINDINGS OF OPERATION <i>Sarcoma, canal of Neck</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

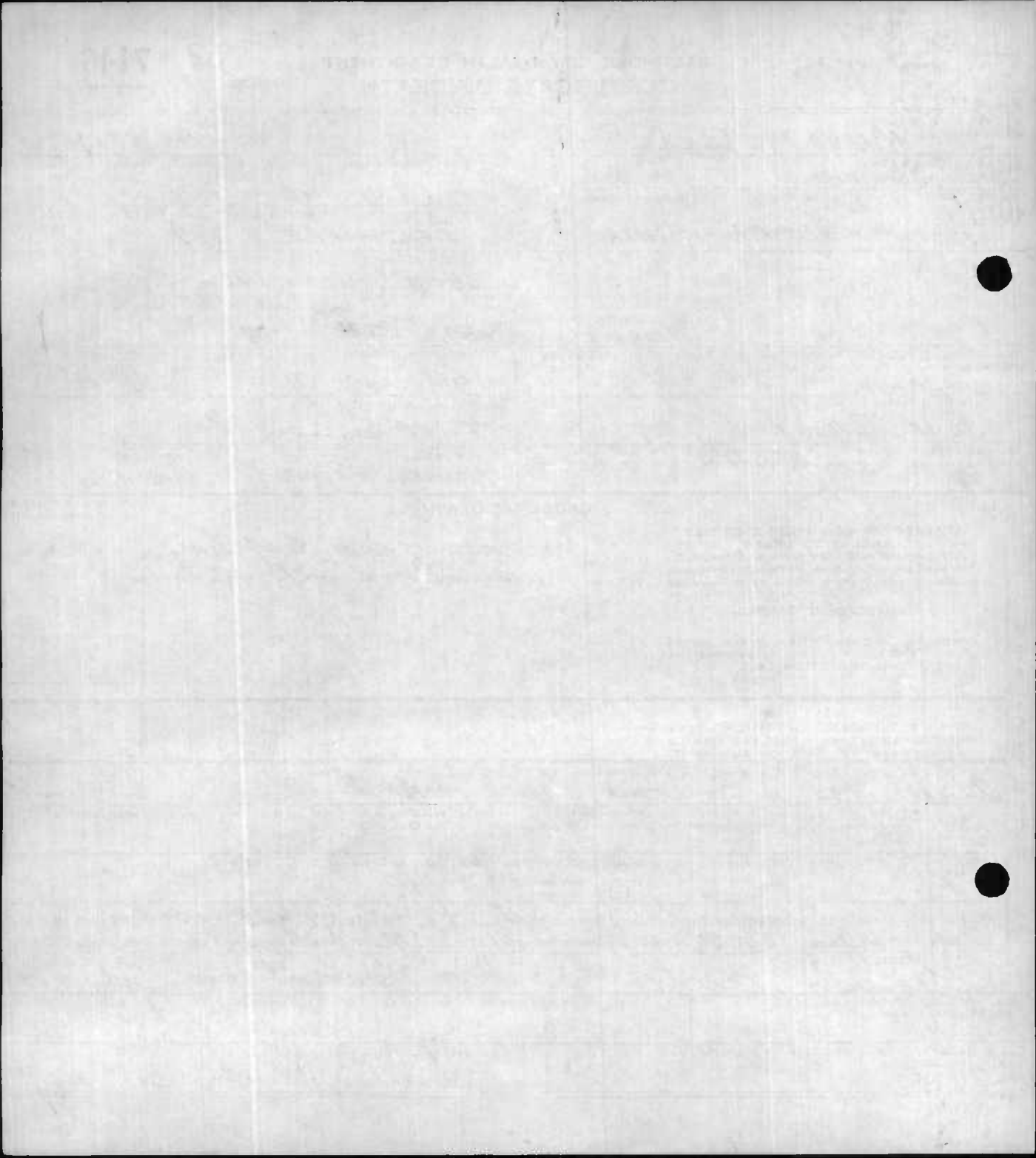
22. I hereby certify that I attended the deceased from *July 19, 1952* to *July 28, 1952*, that I last saw the deceased alive on *July 28, 1952*, and that death occurred at *7:15 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE *George W. Settle* M. D. 23B. ADDRESS *Union Memorial Hosp.* 23C. DATE SIGNED *July 28, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>7.31.52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>DEWEY ROAD CEM.</i>	24D. LOCATION (City, town or county) (State) <i>PIKESVILLE MD</i>
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 29 1952</i>	REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Tuckner</i>	ADDRESS <i>Sons Inc Balto md</i>
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MEDICAL CERTIFICATION



563

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7147

Registered No.

BIRTH NO. 52 7147

1. NAME OF DECEASED  
(Type or Print)ANNA ~~HEISE~~ M. LENHART2. DATE  
OF  
DEATH

28 JULY 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 535 N. WASHINGTON ST

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 7-05

D. STREET ADDRESS (If rural, give location)

535 N WASHINGTON ST

Length of stay in Baltimore

60 YRS

Yrs.  
Mos.  
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

FEMALE

WHITE

WIDOWED

8. DATE OF BIRTH

JUNE 25 1887

9. AGE (In years  
last birthday)

65

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR  
INDUSTRY

AT HOME

13. FATHER'S NAME

MICHAEL TRUNK

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

AGNES TRUMBADER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

MICHAEL M. KING 224 N CHAPEL ST

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

HYPERTENSIVE CARDIOVASCULAR  
DISEASE

4 YRS.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

E.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an INQUIRY thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Robert L. Sheppard

M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

28 July 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRAR

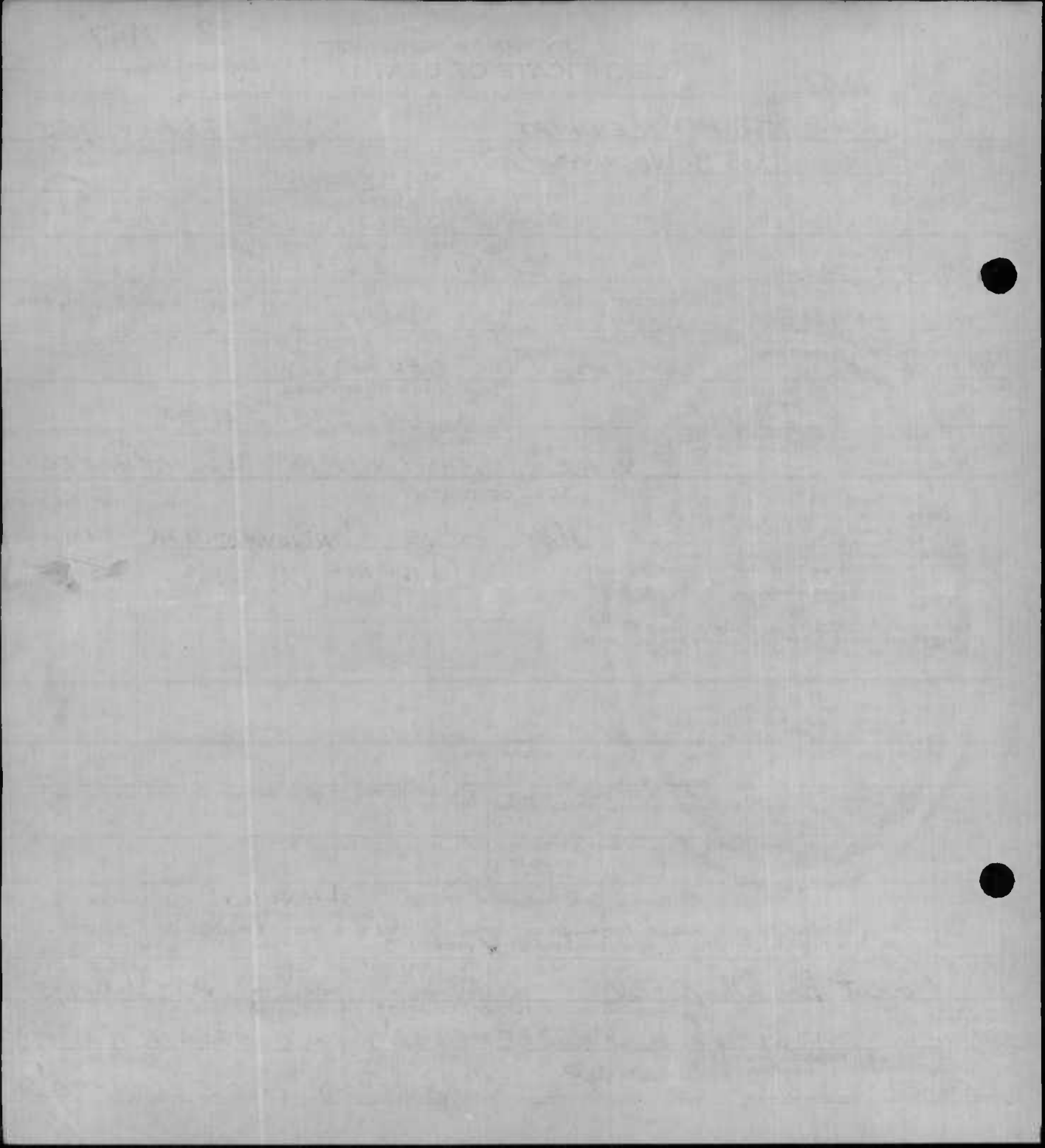
Hurlington Williams, M.D.

Sheppard Bldg. 1800 E LOMBARD ST

JUL 29 1952

VS 151

MEDICAL CERTIFICATION



500  
52 7148BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7148

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>WILLIAM RAMIA</b>		2. DATE OF DEATH <b>7/28/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>BON SECOURS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 20-01</b>			
D. STREET ADDRESS (If rural, give location) <b>8037 EDMONDSON AVE.</b>		5. LENGTH OF STAY IN BALTIMORE <b>77</b> Yrs. Mos. Days			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>3/19/75</b>	9. AGE (In years last birthday) <b>77</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ENGINEER</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME <b>ALBERT RAMIA</b>		14. MOTHER'S MAIDEN NAME <b>KASSMAN</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT <b>SELF</b>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>GENERALIZED PERITONITIS</b> DUE TO <b>PERFORATED GALL BLADDER</b> DUE TO <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>ARTERIOSCLEROTIC HEART DISEASE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>16 DAYS</b> <b>17 DAYS</b>			
19A. DATE OF OPERATION <b>7/24/52</b>		19B. MAJOR FINDINGS OF OPERATION <b>PERFORATED GANGLIENOUS GALL BLADDER</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 21, 1952</b> , to <b>July 28, 1952</b> , that I last saw the deceased alive on <b>July 28, 1952</b> , and that death occurred at <b>12:15 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>William A. Pillsbury M.D.</b>		23B. ADDRESS <b>Bon Secours Hosp.</b>		23C. DATE SIGNED <b>7/28/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7-30-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>		25. FUNERAL DIRECTOR <b>Howard H. Hubbard, 2503 Edmondson Ave</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>29 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		ADDRESS	

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320  
52 7149  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7149  
Registered No.1. NAME OF DECEASED  
(Type or Print)

Martha M. Ludwig

2. DATE  
OF  
DEATH

7-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

821 S. Kenwood Ave

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - Md

D. STREET ADDRESS (If rural, give location)

821 S. Kenwood Ave

Length of stay in Baltimore

Life

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9-9-77

9. AGE (in years  
last birthday)

74

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore -

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Hopkins

14. MOTHER'S MAIDEN NAME

Mary Ellen Corrigan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Cecil Bishop - same

18.

174x I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A) Intracerebral Ca of Brain

DUE TO

(B) Intermittent Circumstances

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to July 27, 1952, that I last saw the  
deceased alive on July 26, 1952, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 29 1952

Huntington Williams, M.D. Lilly + Ziller - 403 S. Wolfe St



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **52 7150**140  
AB-16141552 7150  
BIRTH NO.1. NAME OF DECEASED  
(Type or Print)

Charles H. Apple

2. DATE  
OF  
DEATH

July 26-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTIONBaltimore City Hospitals  
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

2022 Portugal St. (Ave.)

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 30-1885

9. AGE (In years  
last birthday)

67

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Charles Apple (Dec.)

14. MOTHER'S MAIDEN NAME

Mary Miller (Dec.)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. 007 X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Tuberculous Pneumonia, probable.

1 day

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-25-1952 to 7-26-1952, that I last saw the  
deceased alive on 7-26-1952, and that death occurred at 7:25 PM from the causes and on the date stated above.

23A. SIGNATURE

C. H. Boyer M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

7-27-1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 29 1952

Huntington Williams, M.D. &amp; John - 403 S. Wolfe St.

403 S. Wolfe St.

403 S. Wolfe St.

See letter in Document File from  
H.C. Johnston, M.D.,  
Asst. Supt. - Medical BCH

420  
52 7151

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7151  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Mary Frances Wallis</b>		2. DATE OF DEATH <b>July 27, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore, Md.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>BALTO.</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>7309 Fait Ave., Zone 24</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 13, 1912</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>39</b>
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
17. INFORMANT		ADDRESS	
18. <b>584X</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary embolism</b> (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <b>Post-Operative cholecystectomy</b> DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION <b>&amp; 7-17-52</b>		19B. MAJOR FINDINGS OF OPERATION <b>Chronic cholecystitis with colelithiasis</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 26, 1952</b> , to <b>July 27, 1952</b> , that I last saw the deceased alive on <b>July 27, 1952</b> , and that death occurred at <b>7:09 P. m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>1400 N. Caroline St.</b>	
23C. DATE SIGNED <b>July 27, 1952</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7-30-52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Cath. Lawn</b>		24D. LOCATION (City, town, or county) (State) <b>Balto - Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 29 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>Lilly &amp; Zeile</b>		ADDRESS <b>403 S. W. 10th St.</b>	

MEDICAL CERTIFICATION

Handwritten notes at the bottom of the page:

Handwritten text: "Handwritten notes" (faint)

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7152**

**450**  
**2 7152**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ANNA B. CALLAHAN</b>			2. DATE OF DEATH <b>July 28, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>4002 Parkwood Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>27-01</b>		
D. STREET ADDRESS (If rural, give location) <b>4002 Parkwood Avenue</b>			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 15, 1867</b>		9. AGE (In years last birthday) <b>85</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Long Green Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Francis Shaeffer</b>			14. MOTHER'S MAIDEN NAME <b>Laura Dixon</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mr. Ernest F. Callahan, 4002 Parkwood</b>		

18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebro Hemorrhage</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Generalized arteriosclerosis</b> (B) DUE TO		<b>20 yrs</b>
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>none</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 18, 1952</b> , to <b>July 28, 1952</b> , that I last saw the deceased alive on <b>July 28, 1952</b> , and that death occurred at <b>8:20 P.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Harry Schuman</b>		23B. ADDRESS <b>4432 Belair Rd</b>		23C. DATE SIGNED <b>July 28, 1952</b>	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/31/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mount Maria Cem.</b>	
24D. LOCATION (City, town or county) (State) <b>Towson, Maryland</b>		25. FUNERAL DIRECTOR <b>Leonard J. Ruck, 5305 Harford Road.</b>			

DATE RECEIVED BY LOCAL REGISTRAR **JUL 29 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

MEDICAL CERTIFICATION

Dr. Iachmann  
4930 Belair Road

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7153**

BIRTH NO. **436 7153**

1. NAME OF DECEASED (Type or Print) <b>PAUL WILBUR WALTERS</b>			2. DATE OF DEATH <b>July 29, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
Length of stay in Baltimore <b>life</b>			D. STREET ADDRESS (If rural, give location) <b>2208 Echodale Avenue - 14</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 25-1903</b>		9. AGE (In years last birthday) <b>48</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pipe-fitter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Fleischman Yeast Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore - Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>?</b>
13. FATHER'S NAME <b>Samuel S. Walters</b>			14. MOTHER'S MAIDEN NAME <b>Margaret</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>(If yes, give war or dates of service)</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Clara Walters</b>		
			ADDRESS <b>2208 Echodale</b>		

18. <b>550.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Paralytic Ileus</b> DUE TO <b>(B) Post-operative perforated appendix</b> DUE TO <b>(C)</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>July 24, 1952</b>		19B. MAJOR FINDINGS OF OPERATION <b>Perforated gangrenous appendix</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 24, 1952** to **July 29, 1952** that I last saw the deceased alive on **July 29, 1952** and that death occurred at **4:15 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>A. Andrew Reese</b>		23B. ADDRESS <b>1400 N. Caroline Street - 13</b>		23C. DATE SIGNED <b>July 29, 1952</b>	
--	--	---	--	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>8/1/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore</b>		24D. LOCATION (City, town, or county) (State) <b>Bald Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 29 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>L. J. Luck</b>		ADDRESS <b>5305 Harford Rd</b>	

**574 47**



532  
7154

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7154  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BERNARD G. HENTSCHEL

2. DATE  
OF  
DEATH

July 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  
A. STATE B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3113 White Avenue

C. CITY OR TOWN (If outside corporate limits, write: RURAL and give township)

Baltimore

C. Length of stay in Baltimore  
Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3113 White Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
single

B. DATE OF BIRTH

May 2, 1920

9. AGE (In years last birthday)

32

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bendix

10B. KIND OF BUSINESS OR INDUSTRY  
Machine Shop

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Paul J. Hentschel

14. MOTHER'S MAIDEN NAME

Christine Rupp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
215-03-8208

17. INFORMANT

ADDRESS

Mr. Paul J. Hentschel, 3113 White

CAUSE OF DEATH

18. 468.3

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

today

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Elephantiasis

15 yrs

(C) DUE TO

Cholulitis

15 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 15, 1952 to July 28, 1952, that I last saw the deceased alive on July 28, 1952 and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/31/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem. 7 Baltimore, Maryland

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road

JUL 29 1952

54437



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 7155

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

ROSE ELIZABETH HARTJE

2. DATE OF DEATH July 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY \_\_\_\_\_

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
3010 Northway Drive

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

Length of stay in Baltimore  
Yrs. \_\_\_\_\_  
Mos. \_\_\_\_\_  
Days \_\_\_\_\_

D. STREET ADDRESS (if rural, give location)  
3010 Northway Drive

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

Aug. 28, 1872

9. AGE (In years, last birthday)  
79

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Leyhe

14. MOTHER'S MAIDEN NAME

Anna Steiner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Mr. Wm. G. Hartje, 3010 Northway Dr.

18. 760x I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) DUE TO

Cerebral Thrombosis

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio Sclerosis  
Diabetes Mellitus

10 years

10 years

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 7/9, 1952 to 7/28, 1952; that I last saw the deceased alive on 7/28, 1952, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

William Stewart

23B. ADDRESS

6 E. Read St

23C. DATE SIGNED

7/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/1/52

24C. NAME OF CEMETERY OR CREMATORY

Oakland Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7156  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>PEARL R. LEESE</b>			2. DATE OF DEATH <b>July 28, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>905 East 37th Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>905 East 37th Street</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug. 1, 1907</b>		9. AGE (In years last birthday) <b>44</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Vice-Pres. Barton</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Cotton Inc.</b>	11. BIRTHPLACE (State or foreign country) <b>Parkton, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <b>Emanuel E. Rosier</b>			14. MOTHER'S MAIDEN NAME <b>Mary Cummings</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. <b>212-03-8852</b>	17. INFORMANT ADDRESS <b>Mr. Knight H. Leese, 905 E. 37th</b>		

18. <b>175X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ADENOCARDINOMA OF OVARY</b> (A) _____ DUE TO _____  ANTECEDENT CAUSES (B) _____ DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		INTERVAL BETWEEN ONSET AND DEATH <b>2 7 mos</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION <b>Jan 1952</b>		19B. MAJOR FINDINGS OF OPERATION <b>advanced carcinoma of ovary, inoperable</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____ m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>Sept. 18, 1950</b> to <b>July 28, 1952</b> , that I last saw the deceased alive on <b>July 28, 1952</b> , and that death occurred at <b>6:30 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Elsworth</i>		23B. ADDRESS <b>2431 Maryland Avenue</b>		23C. DATE SIGNED <b>7-29-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/31/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>	
				24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 29 1952</b>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <b>Leonard J. Ruck, 5305 Harford Road.</b>	

29047

MEDICAL CERTIFICATION

Dr. Cook Maryland

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7157**

**520**  
BIRTH NO. **7157**

1. NAME OF DECEASED (Type or Print) <b>JOSEPH SIEMEK</b>			2. DATE OF DEATH <b>7/27/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>9-02</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.C. University Hospital</b>			C. CITY OR TOWN <b>Baltimore</b> (If outside corporate limits, write RURAL and give township)		
Length of stay in Baltimore <b>60 years</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>2116 Pelham ave</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 1, 1890</b>		9. AGE (in years last birthday) <b>62</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>merchant</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (State or foreign country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>John Siemek</b> (H)			14. MOTHER'S MAIDEN NAME <b>Felicia</b> ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Ann Veronica Siemek</b> ADDRESS <b>2116 Pelham ave</b>		

**CAUSE OF DEATH**

18. <b>470.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A) <b>ARTERIOSCLEROTIC</b> DUE TO <b>HEART DISEASE</b>  (B) _____ DUE TO _____  (C) _____	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>[Signature]</b>		23B. CHIEF MEDICAL EXAMINER..... <b>[Signature]</b> M.D.		23C. DATE SIGNED <b>7-27-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 30/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Ransom and Baltimore County</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 29 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>John W. Weber</b> ADDRESS <b>401 S. Chester St</b>	

28 JUL

STATE OF DEATH

1951

11/23

THOMAS J. BROWN  
MAY 1951

245  
2 7158

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7158  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>KONSTANTY ZASLONKA</b>		2. DATE OF DEATH <b>July 27, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>1-05</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2231 Dough Street</b>		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>50 years</b>		D. STREET ADDRESS (If rural, give location) <b>2231 Dough Street</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1866 66</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laboy Retired 9 years</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years; last birthday) <b>66</b>
13. FATHER'S NAME <b>unknown</b>		11. BIRTHPLACE (State or foreign country) <b>Poland</b>	12. CITIZEN OF WHAT COUNTRY? <b>Poland</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <b>unknown</b>	17. INFORMANT ADDRESS <b>Victoria Zaslonka 2231 Dough</b>
16. SOCIAL SECURITY NO.		18. CAUSE OF DEATH	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>4 yrs. 1</b> <b>Arteriosclerotic Cardiovascular Disease</b>		DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Generalized Arteriosclerosis</b>		DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June 15, 1952</b> , to <b>July 27, 1952</b> , that I last saw the deceased alive on <b>July 27, 1952</b> , and that death occurred at <b>2:45 A.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>John Constantini</b>		23B. ADDRESS <b>234 S. Conkling Street</b>	23C. DATE SIGNED <b>7-28-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 30/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Rosary Cmn</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore County</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 29 1952</b>		25. FUNERAL DIRECTOR ADDRESS <b>John M. Weber 401 W. Chester Street</b>	

MEDICAL CERTIFICATION

817 95

UNITED STATES DEPARTMENT OF THE ARMY  
OFFICE OF THE CHIEF OF STAFF

817

UNITED STATES DEPARTMENT OF THE ARMY  
OFFICE OF THE CHIEF OF STAFF  
WASHINGTON, D.C. 20315

FOR THE SECRETARY OF THE ARMY  
OFFICE OF THE CHIEF OF STAFF  
WASHINGTON, D.C. 20315

100  
7159

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7159  
Registered No.

BIRTH NO. 51-16264

1. NAME OF DECEASED (Type or Print) <b>BENJAMIN LERO, JR.</b>		2. DATE OF DEATH <b>27 Jul 52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUTHERAN HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1126 S. HIGHLAND #24</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>JULY 15, 1951</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>1</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME <b>BENJAMIN H. LERO, SR.</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Stella Helong.</b>	
17. INFORMANT <b>Benjamin H. Lero.</b>		ADDRESS <b>1126 S. Highland</b>	

18. <b>517X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) ANTECEDENT CAUSES		(A) <b>Branchiopneumonia</b>		<b>1 day</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <b>Acute pharyngotonsillitis and</b>		<b>6 days</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <b>Dehydration; hyperthermia</b>		<b>1 day</b>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **22 Jul, 1952**, to **27 Jul, 1952**, that I last saw the deceased alive on **27 Jul, 1952** and that death occurred at **8:35 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE <b>M. E. Pauller</b>	23B. ADDRESS <b>Lutheran Hospital</b>	23C. DATE SIGNED <b>27 Jul 52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 31, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Cap. Law Cemetery</b>
24D. LOCATION (City, town, or county) (State) <b>Baltimore and</b>	25. FUNERAL DIRECTOR <b>Wendell Whipple</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 29 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	ADDRESS <b>312 S. Highland</b>

MEDICAL CERTIFICATION

2

1999

J-525  
2 7160BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7160

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Richard Johnson

2. DATE  
OF  
DEATH

7-26-52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

m

6. COLOR OR RACE

c

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

w.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18. 022X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Dissecting Aortic Aneurysm Ruptured.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Arterio sclerosis  
due to and  
(C) Syphilis.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia bilateral basilar lobes 2 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-21, 1952, to 7-26, 1952, that I last saw the  
deceased alive on 7-26, 1952, and that death occurred at 3:51 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

97099

MEDICAL CERTIFICATION

1907

THE UNIVERSITY OF CHICAGO  
LIBRARY

1907

Received of

the sum of

Five Dollars

for the purchase of

Books

for the

Library

of the

University

of Chicago

Chicago, Ill.

May 10, 1907

1907

1907

1907

1907

1907

J-250

2 7161

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7161

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
A/ma B. Jackson		7/27/1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE	
1314 Harlem Ave		Md.	
c. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days		Baltimore	
5. SEX		D. STREET ADDRESS (If rural, give location)	
Female		1314 Harlem Ave. 16-02	
6. COLOR OR RACE		E. DATE OF BIRTH	
Col.		July 10, 1898	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (in years last birthday)	
Widowed		54	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
Seamstress		Des Moines Iowa	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
Clothing		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William Morgan		Lina Brook	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No			
17. INFORMANT		ADDRESS	
Doris Butler		1314 Harlem Ave	
18. 170X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Chancroid - breast	
ANTECEDENT CAUSES		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
II		(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
3 yr			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0			
20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/8, 1949 to 7/27, 1952, that I last saw the deceased alive on 7/24, 1952 and that death occurred at 8:35 p.m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
[Signature]		150 EAST BALTIMORE	
23C. DATE SIGNED		23D. LOCATION (City, town, or county) (State)	
7-29-52		Baltimore Md.	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		July 30, 1952	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Baltimore National		Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
JUL 30 1952		Huntington Williams, M.D.	
25. FUNERAL DIRECTOR		ADDRESS	
Mrs. Katie R. Williams		322 N. Schroeder St.	

MEDICAL CERTIFICATION

RECEIVED BY THE  
LIBRARY OF THE  
CONGRESS



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7162**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>UPSHUR</b>		2. DATE OF DEATH <b>July 27, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>562 Oxford Street</b>		E. LENGTH OF STAY IN BALTIMORE <b>17-02</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 15, 1888</b>
9. AGE (In years last birthday) <b>64</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Locksmith</b>	11. BIRTHPLACE (State or foreign country) <b>Princers Anne Md.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Walter Carroll</b>		14. MOTHER'S MAIDEN NAME <b>Sallie</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>562</b>	
17. INFORMANT <b>Sallie May Carroll</b>		ADDRESS <b>562 Oxford St</b>	

18. <b>E816.4</b> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Fracture of Cervical Vertebrae</b> <del>XXXXX</del>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B) Crushing injury of Spinal Cord</b> <del>XXXXX</del>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Diabetes Mellitus</b>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Gilmor and Franklin Streets</b>		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>5/11/52</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>auto and auto collision (passenger)</b>		

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23. SIGNATURE <b>William H. Williams</b>		23b. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23c. DATE SIGNED <b>7/28/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug. 6, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Wheaton Memorial</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 30 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, Jr.</b>	25. FUNERAL DIRECTOR <b>Mrs. Katie R. Williams</b>		
		ADDRESS <b>302 E. 1st St.</b>		

MEDICAL CERTIFICATION

504

5

STATE OF NEW YORK

IN SENATE

January 1, 1901

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE

ON APRIL 1, 1899

ALBANY:

THE STATE PRINTING OFFICE

1901

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7163**

BIRTH NO.

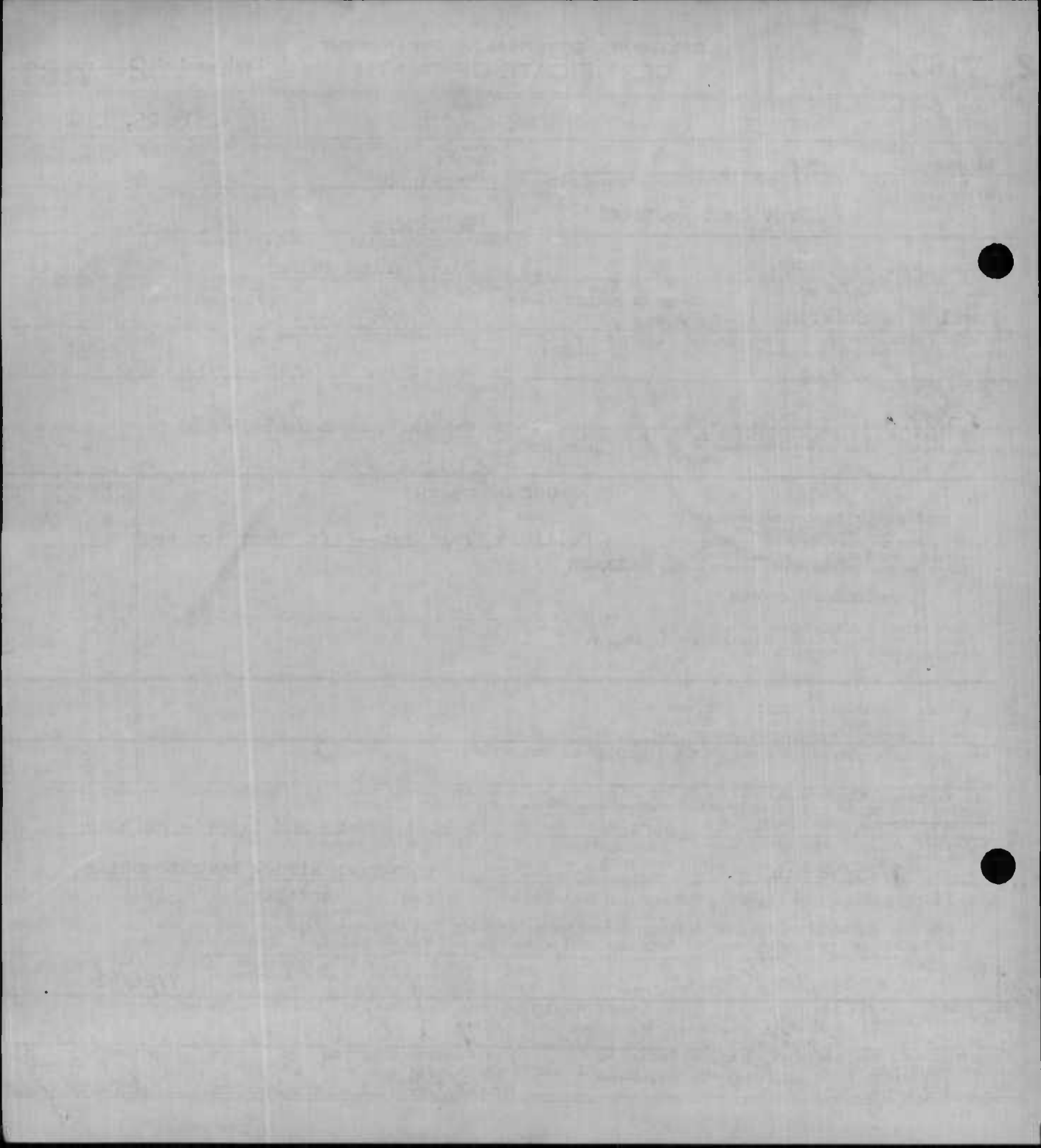
1. NAME OF DECEASED (Type or Print) <b>BLANCH</b>		2. DATE OF DEATH <b>July 25, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>2015 Harlem Avenue</b>		E. LENGTH OF STAY IN BALTIMORE <b>16-04</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Sept. 12, 1892</b>
9. AGE (In years last birthday) <b>59</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. FATHER'S NAME <b>BERRY MASON</b>		12. MOTHER'S MAIDEN NAME <b>Harriet Chambers</b>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		14. SOCIAL SECURITY NO.	
15. INFORMANT <b>William Washington</b>		ADDRESS <b>2015 Harlem Ave</b>	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Multiple Fractures--Left Femur and Neck</b> <del>XXXXX</del>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Wabash Avenue and Liberty Heights</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>7/25/52 4:45 P.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Pedestrian struck by automobile</b>

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>R. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>7/26/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/24/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	24D. LOCATION (City, town, or county) (State) <b>Georgetown Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 30 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Mrs. Katie R. Williams</b>
				ADDRESS <b>3221</b>



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7164**

BIRTH NO. **600 7164**

1. NAME OF DECEASED (Type or Print) <b>WARNER CAREY</b>		2. DATE OF DEATH <b>July 28, 1952</b>	
3. PLACE OF DEATH: a. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
d. STREET ADDRESS (If rural, give location) <b>1207 N. Stricker Street</b>		e. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <b>male</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>12-7-1893</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Skilled Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Standard Steel</b>	9. AGE (In years last birthday) <b>58</b>
13. FATHER'S NAME <b>Peter Carey</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>219-05-4498</b>	
17. INFORMANT <b>Carrie Hill</b>		ADDRESS <b>- 1207 N. Stricker St</b>	

**CAUSE OF DEATH**

18. <b>443 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <b>Hypertensive cardiovascular disease</b> DUE TO (B) _____ DUE TO (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ (B) _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE <b>R. F. Fisher</b>	23b. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/> M.D.	23c. DATE SIGNED <b>July 29, 1952</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug-1-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Balti. National Cem</b>
24d. LOCATION (City, town, or county) (State) <b>Balti. Md</b>	25. FUNERAL DIRECTOR <b>Samuel W. Sullivan Jr</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 30 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7165

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Abraham Sykes</i>		2. DATE OF DEATH <i>19 July 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-20</i>	
6. Length of stay in Baltimore <i>43</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3400 Stratmore Ave</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Restaurant</i>	
11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Abraham</i>		14. MOTHER'S MAIDEN NAME <i>not known</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Shirley Hochmowitz - Same</i>		ADDRESS	

1B. <i>420.1 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Pulmonary Embolus</i>		DUE TO			
(B) <i>Myocardial infarction</i>		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *July 23*, 1952, to *July 29*, 1952, that I last saw the deceased alive on *July 24*, 1952, and that death occurred at *2:50 Pm.*, from the causes and on the date stated above.

23A. SIGNATURE <i>John R. Ball</i> M. D.		23B. ADDRESS <i>Sinai Hosp</i>		23C. DATE SIGNED <i>29 July 52</i>	
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7-30-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Herring Run</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 30 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Black Lewis</i>		ADDRESS <i>2100 Canton Pl</i>	

2906M

MEDICAL CERTIFICATION



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52 7166

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7166  
Registered No.

1. NAME OF DECEASED (Type or Print) Mrs. Katherine Lepak		2. DATE OF DEATH July 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 110 N. Calhoun St		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-03	
C. Length of stay in Baltimore 35 Years		D. STREET ADDRESS (If rural, give location) 602 South Broadway	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 10/1/91
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Duvall Packing Co.,	9. AGE (in years last birthday) 60
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME First Name Unknown (Gasiorek)		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 220-14-2391	
17. INFORMANT Ann Thurma		ADDRESS 2403 Sparrows Point Rd,	

18. 583.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia		INTERVAL BETWEEN ONSET AND DEATH 12 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Lower nephron nephrosis		3 wks	
(B) Hypertensive syndrome		1 mo.	
(C) Nephrotic syndrome		3 mos.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Nephrotic syndrome			
19A. DATE OF OPERATION 7/1/52	19B. MAJOR FINDINGS OF OPERATION Nephrotic		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/10, 1952 to 7/29, 1952, that I last saw the deceased alive on 7/29, 1952 and that death occurred at 6:54 a.m., from the causes and on the date stated above.			
23A. SIGNATURE Robert S. Chambers		23B. ADDRESS Franklin Square Hosp.	23C. DATE SIGNED 7/29/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug, 1st 1952	24C. NAME OF CEMETERY Sacred Heart Of Mary	24D. LOCATION (City, town, or county) (State) German Hill Road Balto, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUL 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR George A. Weber
		ADDRESS 705 South Ann Street	

MEDICAL CERTIFICATION

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52 7167FURTAU  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7167  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Charles C. Furtaw</i>		2. DATE OF DEATH <i>July 29-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>15-10</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3943 Boorman Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore Yrs. <i>15</i> Mos. <i>10</i> Days <i>10</i>		D. STREET ADDRESS (If rural, give location) <i>3943 Boorman Ave</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>Jan. 27-05</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Printer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Dilany-Vernay PRINTERS</i>	
13. FATHER'S NAME <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mildred Keester</i>		ADDRESS <i>3711 Forrest St. Pk Ave</i>	
18. <i>163 X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>carcinoma of lung 2 yrs.</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>— 0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>July 1</i> , 19 <i>52</i> , to <i>July 29</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>July 28</i> , 19 <i>52</i> , and that death occurred at <i>1:15</i> a. m., from the causes and on the date stated above.			
23A. SIGNATURE <i>William J. Furtaw</i>		23B. ADDRESS <i>11 W. 29th St. Bk 14</i>	
23C. DATE SIGNED <i>7/30/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>Aug 1-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cem</i>		24D. LOCATION (City, town, or county) (State) <i>Woodlawn Bk 14 Co.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>512 411</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
FUNERAL DIRECTOR <i>Wm Cook Inc.</i>		ADDRESS <i>Baltimore</i>	

OFFICE OF THE ATTORNEY GENERAL  
STATE OF TEXAS

IN REPLY TO YOUR LETTER OF THE 10TH INST.

YOUR REQUEST FOR INFORMATION IS HEREBY

RESPECTFULLY ACKNOWLEDGED.

THE INFORMATION REQUESTED IS BEING

FORWARDED TO YOU BY SEPARATE MAIL.

VERY TRULY YOURS,

W. W. P. [Signature]

ATTORNEY GENERAL

STATE OF TEXAS

DAVIDSON, TEXAS

APRIL 10, 1968

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52 7168  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

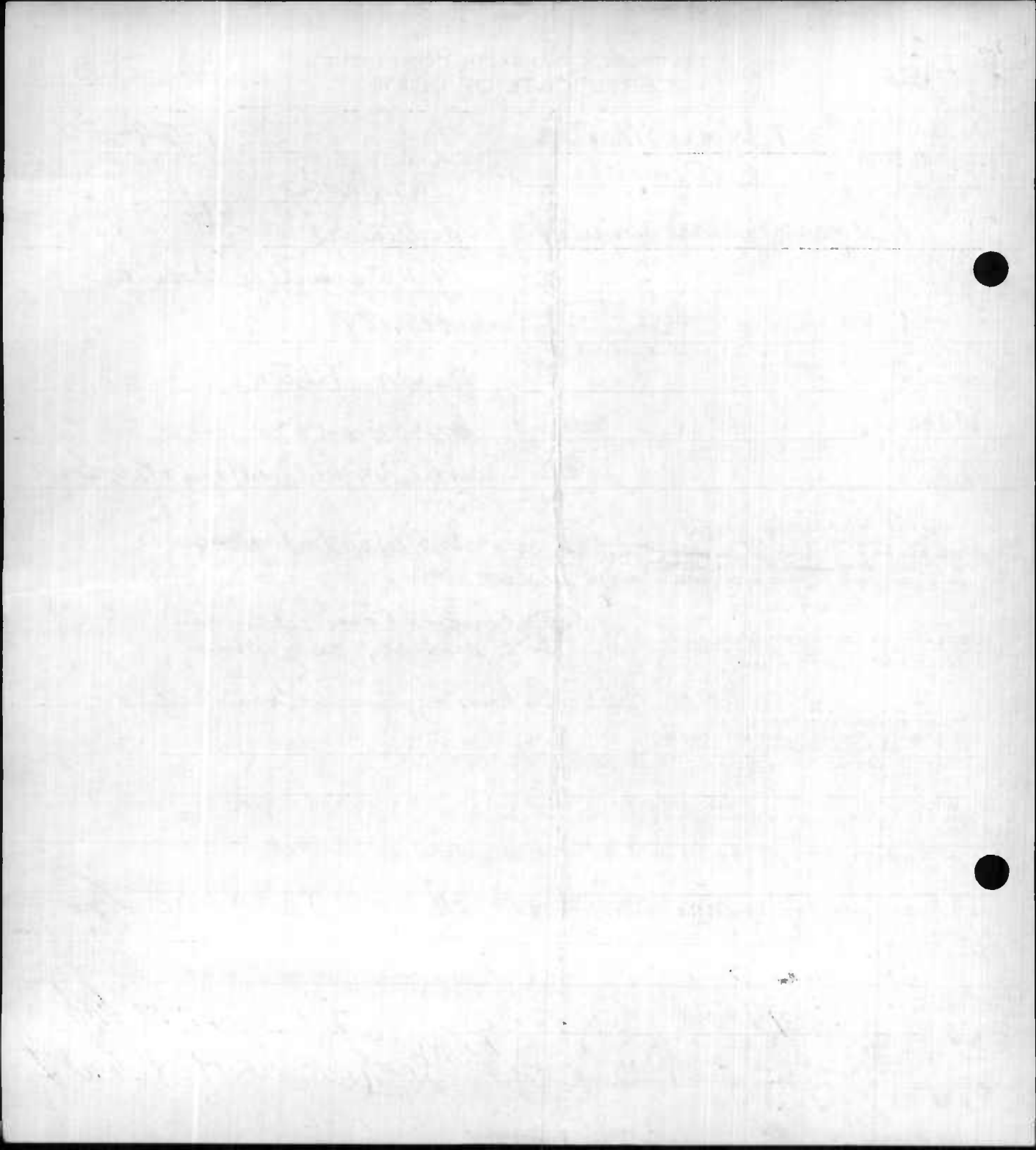
Registered No. 52 7168

1. NAME OF DECEASED (Type or Print) <b>Wright, Lena Martha</b>			2. DATE OF DEATH <b>7-29-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maryland General Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>40</b> Yrs. <input checked="" type="checkbox"/> Mos. <input type="checkbox"/> Days			D. STREET ADDRESS (If rural, give location) <b>1428 Linden Avenue</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, <u>DIVORCED</u> (Specify)	8. DATE OF BIRTH <b>Jan 16, 1878</b>		9. AGE (In years last birthday) <b>74</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Kansas, Tipton</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>Witham</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Ralph E. Wright, Carroll Road &amp; Bay Drive</b>		

MEDICAL CERTIFICATION	18. <b>175X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	(A) <b>Arteriosclerotic Cardio Vascular Disease</b>		DUE TO			
	(B) <b>Carcinomatosis, primary site probably ca &amp; ovary.</b>		DUE TO			
	(C) <b>Pulmonary embolism.</b>		DUE TO			
<p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>						
19A. DATE OF OPERATION <b>2</b>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **July 28, 1952**, to **July 29, 1952**, that I last saw the deceased alive on **July 29, 1952**, and that death occurred at **12:54 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Dr. J. L. Lin</b>		M. D.	23B. ADDRESS <b>Maryland General Hosp</b>	23C. DATE SIGNED <b>July 29, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>7/31/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine</b>		24D. LOCATION (City, town, or county) (State) <b>Washington Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 30 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Woot Inc 1214 St Paul</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7169**

BIRTH NO. **530 7169**

1. NAME OF DECEASED (Type or Print) <b>PAUL V. AMMOT</b>		2. DATE OF DEATH <b>July 29, 1952</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <b>7 E. Centre Street</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>about 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Superintendent of Plant &amp; Equip. District (C)</b>		9. AGE (In years last birthday) <b>about 70</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>ELEC. CONTR.</b>		11. BIRTHPLACE (State or foreign country) <b>New York</b>	
13. FATHER'S NAME <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>578-09-6918</b>	
		17. INFORMANT <b>Elsie Lombert, Washington DC</b>	

18. <b>432.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK	21f. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE <b>[Signature]</b>		23b. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23c. DATE SIGNED <b>July 29, 1952</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>7/31/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Baltimore</b>	24d. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 30 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>[Signature]</b> ADDRESS <b>1217 S Paul St</b>



414

52 7170

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7170

1. NAME OF DECEASED (Type or Print) <u>Barbara Cleveland</u>			2. DATE OF DEATH <u>July 29, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <u>N. Y.</u> B. COUNTY <u>Pennbrake</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Pennbrake</u>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>Box #37</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>12-7-35</u>		9. AGE (in years last birthday) <u>16</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>N. Y.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Wesleyan Cleveland</u>			14. MOTHER'S MAIDEN NAME <u>Mildred Newton</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INSTANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		

18. <u>754.01</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Thrombosis</u> DUE TO <u>Polycythemia</u> <u>Dist. Tetralogy of Fallot</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u> <u>16 years</u> <u>16 yrs</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <u>7-19-52</u>	19B. MAJOR FINDINGS OF OPERATION <u>Splenic artery thrombosed</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-30, 1952, to 7-29, 1952, that I last saw the deceased alive on 7-29, 1952, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Monroe Harold Kay, M.D.</u>	23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24B. DATE <u>July 30/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Waldside</u>
24D. LOCATION (City, town, or county) <u>Pennbrake, N. Y.</u>	24E. STATE <u>N. Y.</u>	24F. LOCATION (City, town, or county) <u>1219 St Paul</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>JUL 30 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Wm. C. D. 1219 St Paul</u>



460  
52 7171

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7171  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Blair, Mary

R

2. DATE  
OF  
DEATH

July 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1501 N. Bond Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb 27 1885

9. AGE (In years  
last birthday)

67

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Marker

10B. KIND OF BUSINESS OR  
INDUSTRY

English-American

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF  
WHAT COUNTRY?

Md

13. FATHER'S NAME

Anthony Roubal

Tailors (m)

14. MOTHER'S MAIDEN NAME

MARY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

212-03-9131

17. INFORMANT

ADDRESS 3001

MRS. ANNA PETERS - Echodale

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Myocardial infarction and cerebral  
thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1952 to July 29, 1952, that I last saw the  
deceased alive on July 29, 1952, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

R. Hain

M. D.

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

July 29, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

8/1/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

BALTO

Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

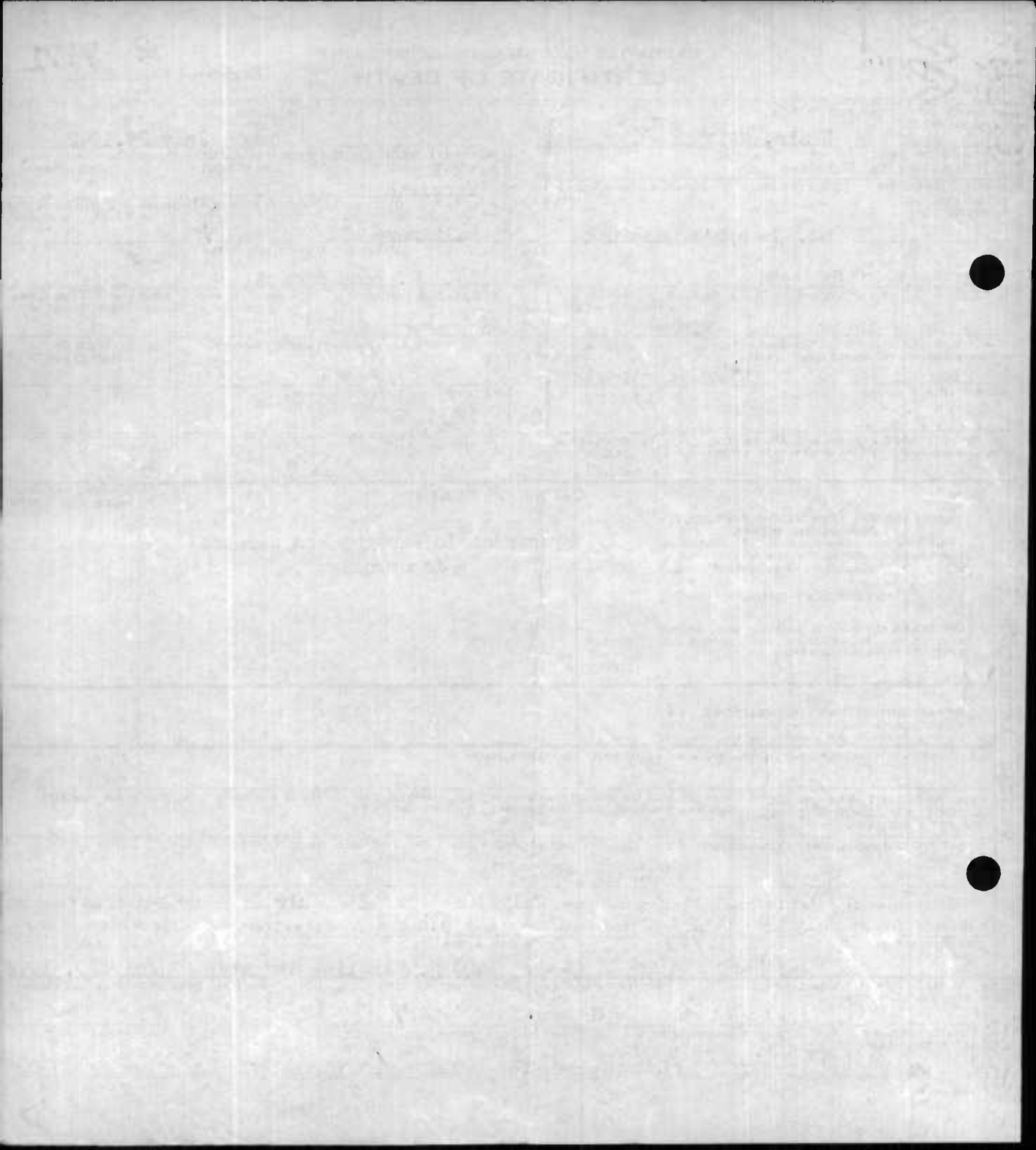
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Luck - 5305 Kayford



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7172**

**230**  
**2 7172**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>WILLIAM B. YOST</b>			2. DATE OF DEATH <b>July 29, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>5016 Belair Road</b>			C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>5016 Belair Road</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Apr 2, 1874</b>		9. AGE (in years last birthday) <b>78</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>John Yost</b>			14. MOTHER'S MAIDEN NAME <b>Catherine Glauber</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mr. Kenyon Burdick, 5016 Belair Road</b>		

18. <b>450.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute Myocarditis</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Generalized arteriosclerosis</b> (B) DUE TO		
(C) DUE TO		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 23</b> , 1952, to <b>July 29, 1952</b> , that I last saw the deceased alive on <b>July 29, 1952</b> , and that death occurred at <b>3:41</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Harry Leebman</b>		23B. ADDRESS <b>4520 Belair Rd</b>		23C. DATE SIGNED <b>July 29, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>8/1/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>London Park Cem.</b>	
24D. LOCATION (City, town or county) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Leonard J. Ruck, 5305 Harford Road.</b>			

**JUL 30 1952**

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7173**

**400**  
**52 7173**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mary Jane Kelly</b>			2. DATE OF DEATH <b>July 27, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>1128 Ensor St</b>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1128 Ensor St</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Mar. 25, 1879</b>		9. AGE (in years last birthday) <b>73</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13. FATHER'S NAME <b>Dominic Kelly</b>			14. MOTHER'S MAIDEN NAME <b>Margaret Quinn</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>1128 Ensor St</b>		

18. <b>CAUSE OF DEATH</b>		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>(A) Arteriosclerosis, Coronary Vascular Disease</b> DUE TO <b>5 yrs</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B)</b> DUE TO <b>(C)</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-12**, 19**53** to **7-27**, 19**52**, that I last saw the deceased alive on **7-27**, 19**53**, and that death occurred at **2 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>J. D. [Signature]</b>	23B. ADDRESS <b>11 E. Chase St.</b>	23C. DATE SIGNED <b>7-28-52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 31, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>	24D. LOCATION (City, town, or county) (State) <b>Govans</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 30 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>Rita Wiedefeld 900 E. Biddle St</b>
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400

CERTIFICATE CORRECTED 8-25-52

7174

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 52 7174

BIRTH NO. 52-16622

1. NAME OF DECEASED Thomas Edgar

(Type or Print)

BABY-BOY REILLY

2. DATE

OF

DEATH

7-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1 ✓

B. FULL NAME OF (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

Yrs.

Mos.

Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

6433 Blenheim Rd.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

7-21-52

9. AGE (In years last birthday)

10 Under 1 Year

Months

8

11 Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph B. Reilly Jr.

14. MOTHER'S MAIDEN NAME

Mary C. Price

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Prematurity

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-21-1952 to 7-29-1952, that I last saw the deceased alive on 7-29-1952 and that death occurred at 1:12 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Martina Tirona-Certiga M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

7-29-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

7/30/52

Cathedral Cemetery

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 30 1952

Huntington Williams, W. W. McQuinn 2805 N. Calvert St.



650

52 7175

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7175

1. NAME OF DECEASED (Type or Print) MARGARET HOUSE DROHAN			2. DATE OF DEATH July 28, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Urban Pk. Drive & 31st Street			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore ? Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 15-13 2907 Ridgewood Avenue		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Jan. 1, 1870	9. AGE (In years last birthday) 82	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Thomas Shaw Maccammon			12. CITIZEN OF WHAT COUNTRY? USA		
14. MOTHER'S MAIDEN NAME Jerminiah Patterson			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		
16. SOCIAL SECURITY NO. None			17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		
18. CAUSE OF DEATH 181X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of urinary bladder DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH 6 mos.
19a. DATE OF OPERATION 7			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 12, 1952 to July 28, 1952 that I last saw the deceased alive on July 28, 1952 and that death occurred at 10 A.M., from the causes and on the date stated above.					
23a. SIGNATURE J.A. Hunter Clinical Director		23b. ADDRESS US. PHS Hospital, Balto, Md.		23c. DATE SIGNED 7/29/52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 30/52		24c. NAME OF CEMETERY OR CREMATORY Lafayette Park	
24d. LOCATION (City, town, or county) (State) Baltimore Maryland		24e. FUNERAL DIRECTOR Huntington Williams		24f. ADDRESS 5005 Ph Hg Ht Ave.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 30 1952		REGISTRAR'S SIGNATURE			

MEDICAL CERTIFICATION

✓



B6500

52 7176

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7176  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Jan C. Beyne</i>		2. DATE OF DEATH <i>July 28/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>5249 St. Charles Ave</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>5249 St. Charles Avenue</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>27-18</i>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>5249 St. Charles Avenue</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>July 14, 1896</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Test Room Bethlehem Steel</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Steel (M)</i>	9. AGE (In years last birthday) <i>56</i> If Under 1 Year Months: Days Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Holland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>279-10-3375</i>	17. INFORMANT <i>Mr William L. Ford</i>
18. <i>162X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma left lung with metastasis to skin &amp; L. axillary glands.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Dec 1951</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Osteomyelitis left leg</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19A. DATE OF OPERATION <i>Jan 2, 1952</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma left lung</i>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 1, 1952</i> to <i>July 28, 1952</i> that I last saw the deceased alive on <i>July 28, 1952</i> and that death occurred at <i>8:30 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>M-2 Lannon</i>		23B. ADDRESS <i>4843 Park Heights Ave</i>	23C. DATE SIGNED <i>7-29-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 30/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Trainer Park</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 30 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Loring Byers 5005 Park Heights Ave</i>	

Dr. M. Lowman

3005 W. Harrison

Orem

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7177  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. Charles Krueder

2. DATE  
OF  
DEATH

July 29, 1952

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md. Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 252-00

D. STREET ADDRESS (If rural, give location)

408 Swann Ave. (29) APT B

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/15/07

9. AGE (in years last birthday)

45

10. UNDER 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SECRETARY

10B. KIND OF BUSINESS OR INDUSTRY

Bldg. Loan Sec. Assoc.

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Charles Krueder

14. MOTHER'S MAIDEN NAME

Magdalena Stumpf

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. CHARLES F. KREUDER. 408 SWANN AVE

18.

153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Generalized Carcinomatosis  
Carcinoma of Colon

INTERVAL BETWEEN ONSET AND DEATH

5 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

5/22/52

19A. DATE OF OPERATION

5/12/52

19B. MAJOR FINDINGS OF OPERATION

Generalized Carcinomatosis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 25, 1952, to July 29, 1952, that I last saw the deceased alive on July 29, 1952, and that death occurred at 5:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

8/2/52

NEW CATHEDRAL CEM.

BALTO. MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, MD

Wm. J. Tackew, Son Inc Balto Md

30 1952

350 71

1947

July 1, 1947

Dear Sirs:

Dear Sirs:

Dear Sirs:

Dear Sirs:

Dear Sirs:

Dear Sirs:

Dear Sirs:

Dear Sirs:

Dear Sirs:

WALL

CONCRETE

BOOM

BOOM

U.S.

H-640  
52 7178BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7178  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ERNEST HOWARD HURLEY Sr.

2. DATE  
OF  
DEATH

July 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1401 Longwood St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

1401 Longwood St.

16-07

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE. MARRIED.  
WIDOWED. DIVORCED (Specify)  
Married

8. DATE OF BIRTH

April 18, 1888

9. AGE (In years  
last birthday)

64

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
Contractor10B. KIND OF BUSINESS OR  
INDUSTRY  
Sheet Metal

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF  
WHAT COUNTRY?  
USA

13. FATHER'S NAME

Stephen Hurley

(M)

14. MOTHER'S MAIDEN NAME

Anna Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
No16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Helen Hurley 1401 N. Longwood St.

## CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Carcinoma of stomach

INTERVAL BETWEEN  
ONSET AND DEATHApprox. 8  
mos.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20-52, 19, to 7-28-52, 19, that I last saw the  
deceased alive on 7-28-52, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7-31-52

24C. NAME OF CEMETERY OR CREMATORY

Western 2007176

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

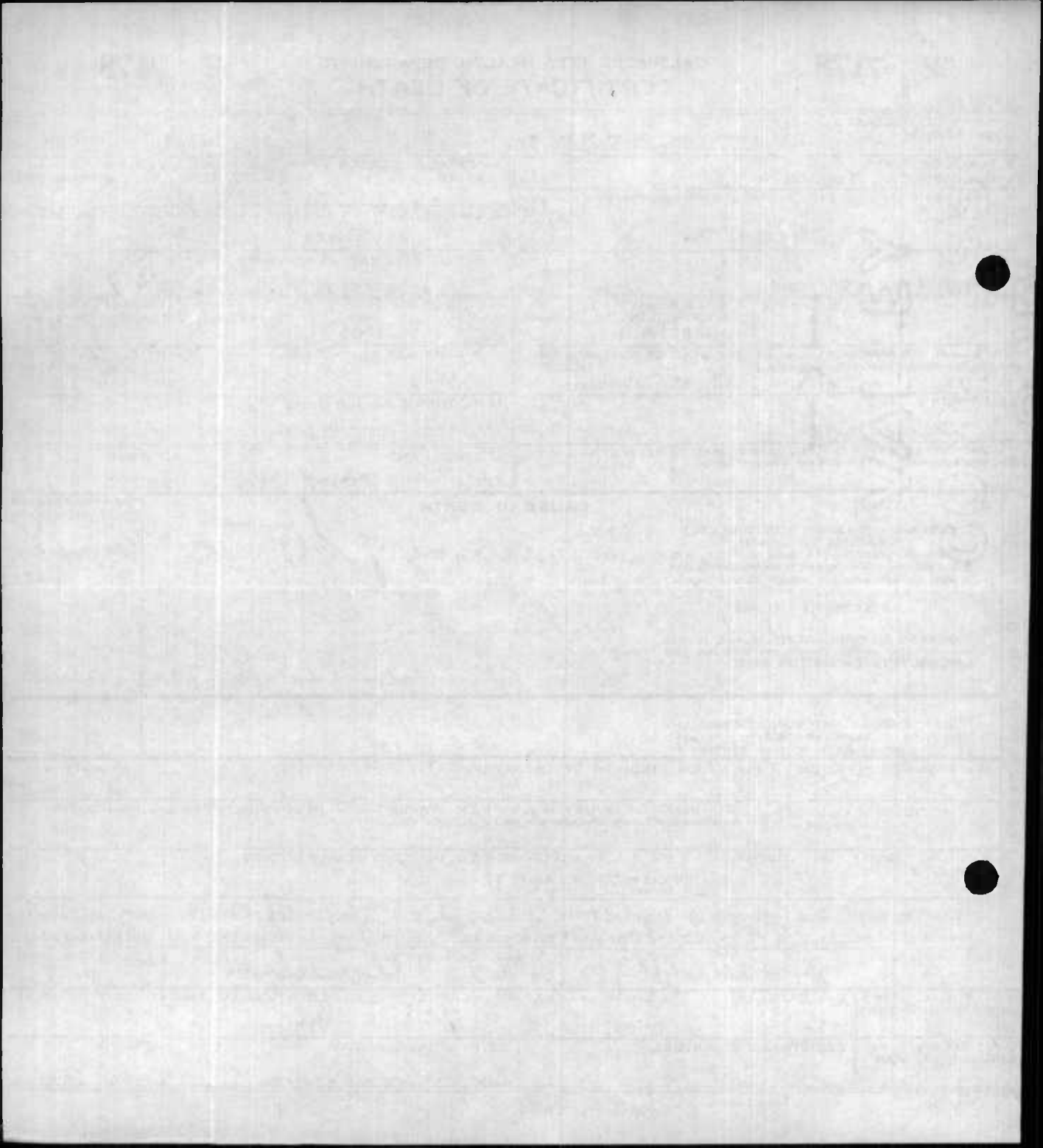
25. FUNERAL DIRECTOR

ADDRESS

JL 30 1952  
VS 150

Huntington Williams, M.D.

Thos J. Jackson - 2903 E  
Baltimore, Md.



# CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

52 7179  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DAVID ARTHUR

2. DATE  
OF  
DEATH

July 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 920 W. North Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION  
(If not in hospital or institution, give street address or location)  
Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)  
920 W. North Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

Jan 19, 1884

9. AGE (in years last birthday)

68

10. Under 1 Year Months Days

7

5

11. Under 24 Hours Hours Min.

5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Clerk

10B. KIND OF BUSINESS OR INDUSTRY  
Baltimore Sun Paper

11. BIRTHPLACE (State or foreign country)  
Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME  
David Arthur

14. MOTHER'S MAIDEN NAME  
Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
None

16. SOCIAL SECURITY NO.  
215-09-0381

17. INFORMANT  
David R. Martin

ADDRESS  
1912 E. ...

18. E 900.0 and 322.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull

ANTECEDENT CAUSES

(B) Extradural and subdural hemorrhage

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Laceration and contusion of brain

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
steps-outside of home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
920 W. North Avenue

21D. TIME (Month) (Day) (Year) (Hour)  
July, 1952

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Apparently fell down steps while drunk

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE  
R. Fisher

23B. CHIEF MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAMINER  
MEDICAL INVESTIGATOR

23C. DATE SIGNED  
July 24, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24B. DATE  
July 30, 1952

24C. NAME OF CEMETERY OR CREMATORY  
London Park Cemetery

24D. LOCATION (City, town, or county)  
Baltimore

(State)  
MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE  
Huntington Williams, M.D.

25. FUNERAL DIRECTOR  
David R. Martin

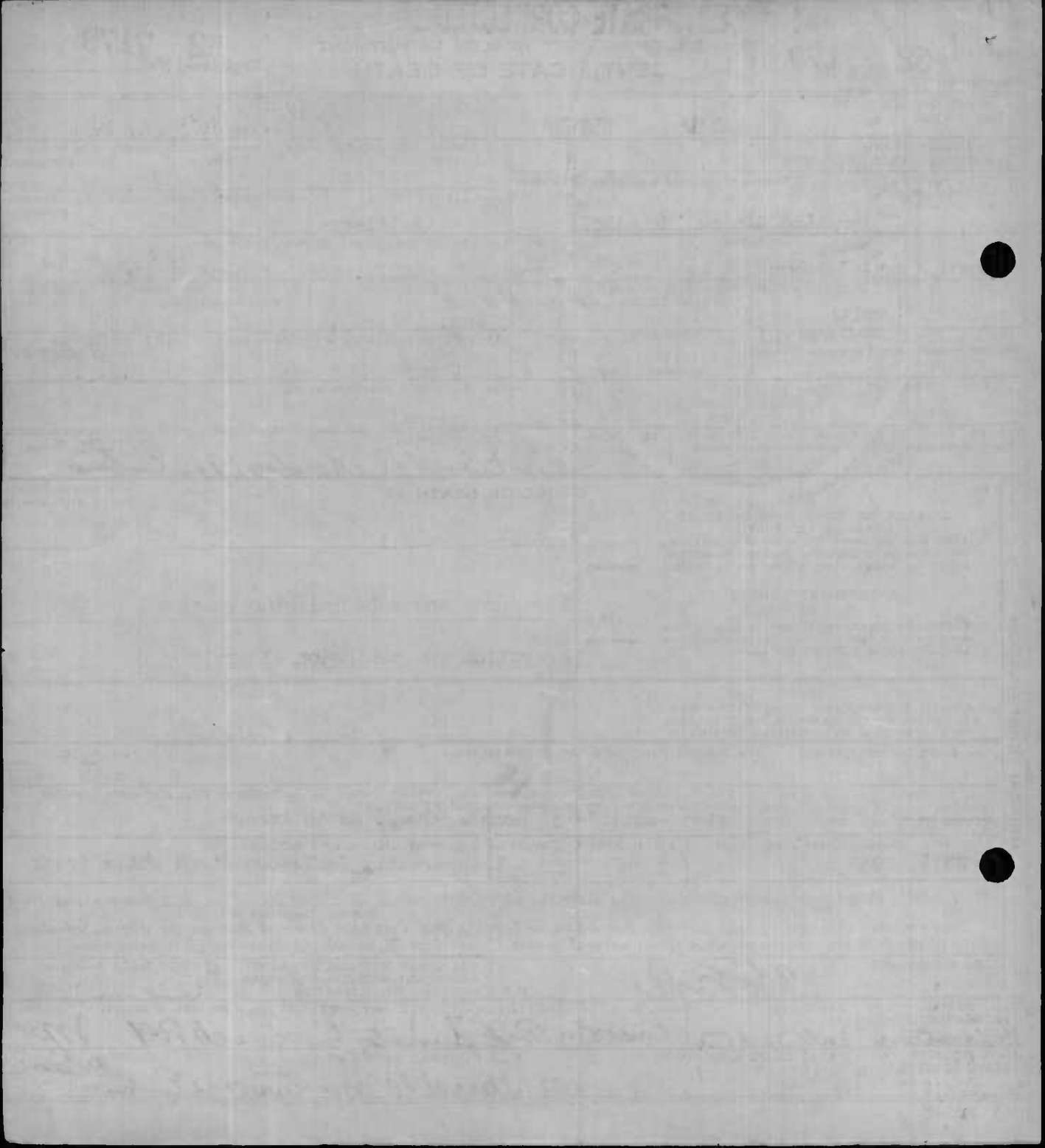
ADDRESS  
1912 E. ...

UL 30 1952

VS 151

N 803.2

MEDICAL CERTIFICATION



# CERTIFICATE CORRECTED

52 7180

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EVA Louise OSTERGREN

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

920 W. North Ave.  
(Maryland General Hospital)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

920 W. North Avenue

13-02

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar. 19, 1877

9. AGE (In years last birthday)

72

If Under 1 Year Months: Days

4 4

If Under 24 Hours Hours: Min.

4 4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nurse

10B. KIND OF BUSINESS OR INDUSTRY

Private Duty

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

David Arthur

14. MOTHER'S MAIDEN NAME

Anders

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

David P. Martin 1902 E. ...

18. 581.0

### CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fatty liver

DUE TO

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion, resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William ...

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

July 23, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

7/30/52

24C. NAME OF CEMETERY OR CREMATORY

London Park Burial ...

24D. LOCATION (City, town, or county)

Federick Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

David P. Martin 1902 E. ...

\_\_\_\_\_

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7181  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Mrs. George J. Brunner</i>			2. DATE OF DEATH <i>7-29-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 29 2nd. 20-08</i>		
C. Length of stay in Baltimore <i>LIFE</i>			D. STREET ADDRESS (If rural, give location) <i>311 S. Augusta Ave.</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>FEB. 11, 1891</i>	AGE (In years last birthday) <i>61</i>	If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>OPTICIAN</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Optical Business</i>	11. BIRTHPLACE (State or foreign country) <i>BALTO. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>JOSEPH BRUNNER</i>			14. MOTHER'S MAIDEN NAME <i>MARGARET HOHMAN</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>213-05-5686</i>	17. INFORMANT ADDRESS <i>311 S. AUGUSTA AVE.</i> <i>CATHERINE A. BRUNNER</i>		

18. <i>4 yr. 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH  (A) <i>Cerebro-vascular Hemorrhage</i> DUE TO _____  (B) <i>Arterio-sclerotic - cardio-vascular disease</i> DUE TO _____  (C) _____	INTERVAL BETWEEN ONSET AND DEATH   _____
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION <i>0</i> 19B. MAJOR FINDINGS OF OPERATION _____	

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from *7-20*, 19*52* to *July 29*, 19*52*, that I last saw the deceased alive on *July 29*, 19*52*, and that death occurred at *St. Agnes M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Robert M. D.</i>	M. D. <i>St. Agnes Hosp.</i>	23C. DATE SIGNED <i>7-29-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Aug. 1-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 30 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Henry E. Dill, Inc.</i>	ADDRESS <i>3109</i>

*5636U*

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

REPORT

NO. 1

OF

THE

WATER RESOURCES DIVISION

REPORT

NO. 1

OF

THE

WATER RESOURCES DIVISION

REPORT

NO. 1



CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1913

85

Blank certificate form with horizontal lines for text entry.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7183**

**350**  
**52 7183**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>GEORGE PHILIP LATNEY</b>				2. DATE OF DEATH <b>July 29, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>US Public Health Service Hospital</b> <b>Wyman Pk. Drive &amp; 31st Street</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>?</b> Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <b>251 N. Monroe Street</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>col</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>1/12/92</b>	9. AGE (in years last birthday) <b>60</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Rest.</b>		11. BIRTHPLACE (State or foreign country) <b>Va.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13. FATHER'S NAME <b>Thomas Latney</b>	
14. MOTHER'S MAIDEN NAME <b>Catherine ?</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b>	
16. SOCIAL SECURITY NO. <b>?</b>				17. INFORMANT ADDRESS <b>Records- US PHS Hospital, Balto, Md.</b>	
18. <b>150X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma, esophagus</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>June 16</b> , 19 <b>52</b> to <b>July 29</b> , 19 <b>52</b> that I last saw the deceased alive on <b>July 29</b> , 19 <b>52</b> and that death occurred at <b>10:30 AM</b> from the causes and on the date stated above.			
23A. SIGNATURE <b>J. A. Hunter, Clinical Director</b>		23B. ADDRESS <b>US PHS Hospital, Balto, Md.</b>		23C. DATE SIGNED <b>7/29/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>Aug 1/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Balt. National Cem. Balto Md</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>		25. FUNERAL DIRECTOR <b>Mrs. Robert G. Elliott, daughter</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 30 1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>			

MEDICAL CERTIFICATION

**75464**

**1129 N. Caroline St**

STATE OF TEXAS  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

THIS CERTIFICATE IS TO BE FILLED OUT BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH.

1. NAME OF DECEASED

2. SEX

3. AGE

4. DATE OF DEATH

5. PLACE OF DEATH

6. CAUSE OF DEATH

7. MANNER OF DEATH

8. SIGNATURE OF PHYSICIAN

9. SIGNATURE OF REGISTRAR

10. SIGNATURE OF WITNESSES

11. SIGNATURE OF DECEASED

12. SIGNATURE OF NEXT OF KIN

13. SIGNATURE OF OTHER PERSON

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7184**

**620**  
**52 7184**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HARRY</b>		2. DATE OF DEATH <b>July 26, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>423 Myrtle Avenue</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10/8/07</b>
9. AGE (In years last birthday) <b>44</b>		10. UNDER 1 YEAR Months: Days: Hours: Min:	11. UNDER 24 HOURS Hours: Min:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Const.</b>	
11. BIRTHPLACE (State or foreign country) <b>Darlington, S.C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>William Warsaw</b>		14. MOTHER'S MAIDEN NAME <b>Mattie Pinkey</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes World War I</b>		16. SOCIAL SECURITY NO. <b>218-05-9569</b>	
17. INFORMANT <b>Mattie Lee Warsaw</b>		18. ADDRESS <b>1207 Franklin St.</b>	

18. <b>002 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Pulmonary Tuberculosis</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <b>(B)</b> DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(C)</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>J. H. Fisher</b>	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED <b>7/26/52</b>
---------------------------------------	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/31/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Balto. National</b>	24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 30 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Arlington S. Phillins</b>	
V S 151		1808 N. Monroe Street	

MEDICAL CERTIFICATION

1414 52

THE UNIVERSITY OF CHICAGO  
LIBRARY

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 7185

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*JOHN FRANCIS WILSON*

2. DATE  
OF  
DEATH

*7-28-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

*2108 GREENMOUNT AVE.*

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

*MALE*

6. COLOR OR RACE

*WHITE*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*MARRIED*

8. DATE OF BIRTH

*1894*

9. AGE (in year,  
last birthday)

*57*

If Under 1 Year  
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

*STORE PROT.*

10B. KIND OF BUSINESS OR  
INDUSTRY

*DRY-GOODS*

11. BIRTHPLACE (State or foreign country)

*BALTO. MD.*

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

*WM. WILSON*

14. MOTHER'S MAIDEN NAME

*ANNIE NORTON*

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

*YES. - W-W-1*

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

*MRS. J. F. WILSON*

18. *470.1*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) *Coronary Occlusion*

*2 hours*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) *Coronary Insufficiency*

*1 mo.*

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from *7-25-52*, 19*52*, to *7-28*, 19*52*, that I last saw the deceased alive on *7-26*, 19*52*, and that death occurred at *8:30* p. m., from the causes and on the date stated above.

23A. SIGNATURE

*R. H. [Signature]*

M. D.

23B. ADDRESS

*11 E. Chase St.*

23C. DATE SIGNED

*7-30-52*

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

*BURIAL*

24B. DATE

*7-31-52*

24C. NAME OF CEMETERY OR CREMATORY

*CATHEDRAL CEM.*

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

*JUL 30 1952*

REGISTRAR'S SIGNATURE

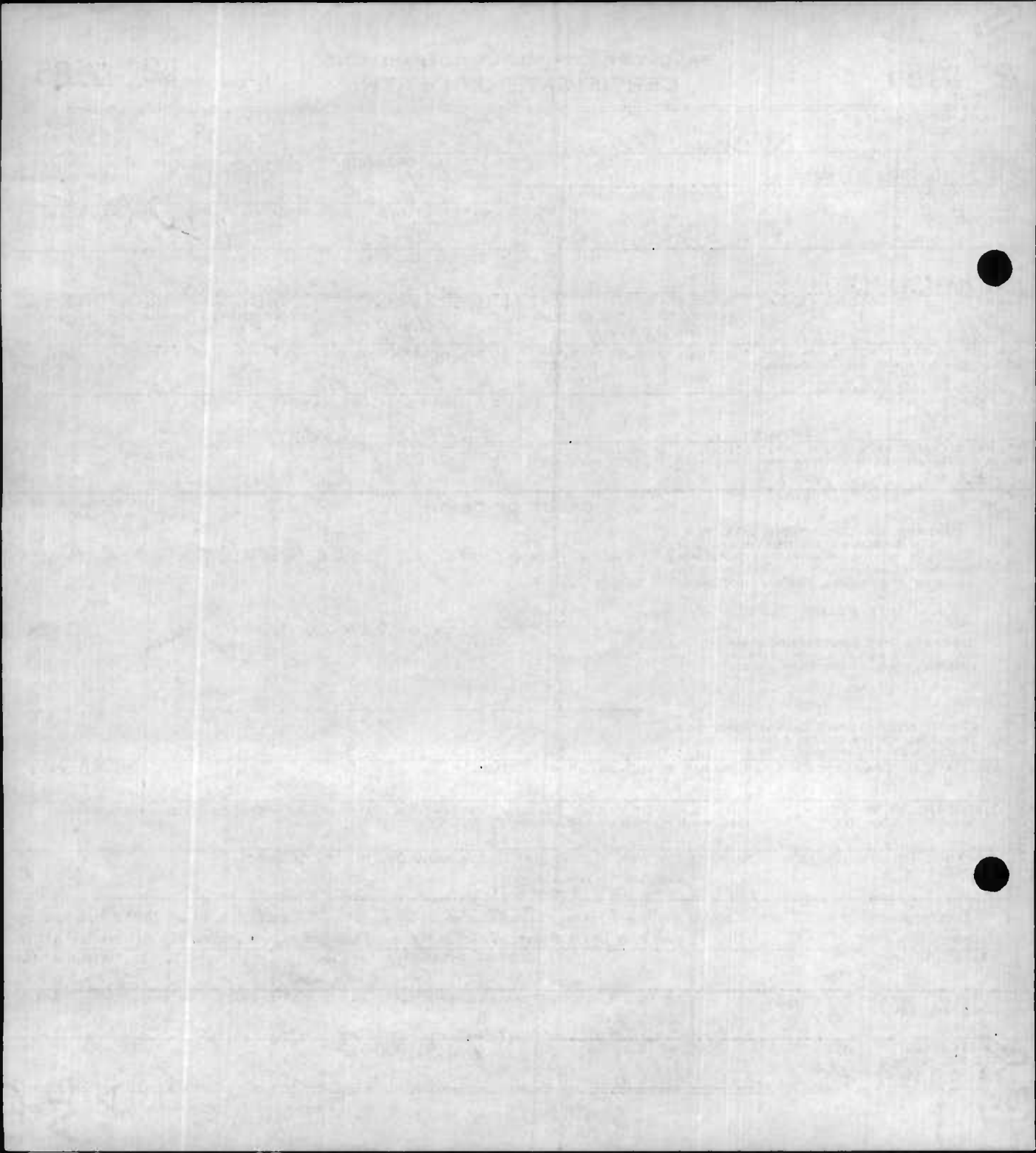
*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*Frederick & Son  
Greenmount Ave & 22nd*

MEDICAL CERTIFICATION



52 7186

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7186  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>FRANK JANKOWSKI</b>		2. DATE OF DEATH <b>July 29/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>1-04</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2413 Fair ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>60 years</b>		D. STREET ADDRESS (If rural, give location) <b>2413 Fair ave</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct 8, 1873</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer at Stanislaus Cemetery</b>		9. AGE (in years last birthday) <b>79</b>	11. BIRTHPLACE (State or foreign country) <b>Poland</b>
13. FATHER'S NAME <b>George Jankowski</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs Anna Jankowski</b>		ADDRESS <b>2413 Fair ave</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>42v. 1</b>		CAUSE OF DEATH (A) <b>Arteriosclerotic C.V. Disease</b> DUE TO (B) <b>Chronic Myocarditis</b> DUE TO (C) <b>Acute Myocardial Failure</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH <b>Oct. 17/51</b> <b>Oct. 17/51</b> <b>7-28-52</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>None.</b>			
19A. DATE OF OPERATION <b>None</b>		19B. MAJOR FINDINGS OF OPERATION <b>None</b>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <b>None</b>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>None</b>		21D. HOW DID INJURY OCCUR? <b>None</b>	
21E. INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) <b>None</b>		21F. HOW DID INJURY OCCUR? <b>None</b>	
22. I hereby certify that I attended the deceased from <b>Oct 17, 1951</b> , to <b>July 29, 1952</b> , that I last saw the deceased alive on <b>July 29, 1952</b> , and that death occurred at <b>1215 A.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>E. A. Scheinman</b>		23B. ADDRESS <b>842 E. East Ave</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Aug 1, 1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>St Stanislaus Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore City</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 30 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
FEDERAL DIRECTOR <b>John M. Weber</b>		ADDRESS <b>401 S. Chester St</b>	

842 J East and  
OR 8435

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7187**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**MARY BOYD**

2. DATE OF DEATH **July 29, 1952**

3. PLACE OF DEATH:  
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION

**Baltimore City Hospitals**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Maryland**

c. CITY OR TOWN **Baltimore**

d. STREET ADDRESS (If rural, give location)

**1701 Pierce St.**

length of stay in Baltimore

**LIFE**

Yrs.  
Mos.  
Days

5. SEX **female**

6. COLOR OR RACE **colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**MARRIED**

8. DATE OF BIRTH

**11-28-1937**

9. AGE (In years last birthday)

**14**

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**BALTIMORE, MD**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**JAMES KENT**

14. MOTHER'S MAIDEN NAME

**EDNA GIBBS**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

**EDNA KENT 1701 PIERCE ST**

ADDRESS

18. **954.7 and 642.2**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) **Bilateral pleural effusion, massive**  
DUE TO **Acute myocardial insufficiency following respiratory arrest under spinal anesthesia**

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Severe pre-eclampsia of pregnancy**  
**Pregnancy**

19a. DATE OF OPERATION

**July 24, 1952**

19b. MAJOR FINDINGS OF OPERATION

**Caesarean**

20. AUTOPSY?

YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
**hospital**

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**Baltimore City Hospitals**

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

**July 24, 1952**

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

**Therapeutic misadventure**

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

*[Signature]*

23b. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23c. DATE SIGNED **July 29, 1952**

24a. BURIAL, CREMATION, REMOVAL (Specify)

**BURIAL**

24b. DATE

**8-1-52**

24c. NAME OF CEMETERY OR CREMATORY

**MT. CALVARY**

24d. LOCATION (City, town, or county) (State)

**BALTIMORE COUNTY, MD**

DATE RECEIVED BY LOCAL REGISTRAR

**JUL 30 1952**

REGISTRAR'S SIGNATURE

*[Signature]*

25. FUNERAL DIRECTOR

*[Signature]*

ADDRESS

VS 151

**N-997X**

MEDICAL CERTIFICATION

1887

1887

9

Was born 1873

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7188  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Lula Wilkens*

2. DATE  
OF  
DEATH

*July 27, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

*JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*1628 Milliman St.*

5. SEX

*Female*

6. COLOR OR RACE

*Colored*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Widowed*

8. DATE OF BIRTH

*7-10-82*

9. AGE (In years last birthday)

*70*

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Seamstress*

10B. KIND OF BUSINESS OR INDUSTRY

*on pension*

11. BIRTHPLACE (State or foreign country)

*North Carolina*

12. CITIZEN OF WHAT COUNTRY?

*U.S.A.*

13. FATHER'S NAME

*John Thiepin*

14. MOTHER'S MAIDEN NAME

*Mahaly*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

*m*

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Myocardial infarct*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

*10 hr*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *arteriosclerotic cardiovascular disease 20 yr*

DUE TO

(C)

MEDICAL CERTIFICATION

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-27*, 1952, to *7-27*, 1952, that I last saw the deceased alive on *7-27*, 1952, and that death occurred at *10 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Thomas R. Hendrix*

23B. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

*7/28/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*7-31-52*

24C. NAME OF CEMETERY OR CREMATORY

*mt calvary Cem.*

24D. LOCATION (City, town, or county)

*Brooklyn md*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Harriet W. Williams*

25. FUNERAL DIRECTOR

*Felix Wilson 1000 Brantford*

ADDRESS

6. 3

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7189  
Registered No.

400  
1532 7189  
BIRTH NO. 51-17637

1. NAME OF DECEASED (Type or Print) <b>Alonzo Robert Beale Or Alonzo Robert Robinson</b>		2. DATE OF DEATH <b>July 25, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>519 Cherry Hill Rd.</b>		E. LENGTH OF STAY IN BALTIMORE <b>Life</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug.-3-1951</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9. AGE (In years last birthday) <b>11 21</b>
13. FATHER'S NAME <b>Al Glenn Goode</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

1B. <b>E917.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Interstitial Pneumonitis</b> DUE TO (A) _____ (B) _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ (B) _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Second and Third Degree Burns of Feet</b>	INTERVAL BETWEEN ONSET AND DEATH        
---	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>519 Cherry Hill Road</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>7/24/52 ?</b>		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Submerged both feet in hot water</b>	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *[Signature]* M.D. 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ 23C. DATE SIGNED **7/26/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial** 24B. DATE  
**7/30/1952** 24C. NAME OF CEMETERY OR CREMATORY  
**Mt Calvary Cem.** 24D. LOCATION (City, town, or county) (State)  
**Brooklyn Md.**

OATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE *[Signature]* 25. FUNERAL DIRECTOR *[Signature]* ADDRESS *[Signature]*

VS 151 1952 *[Signature]*  
N 945.0

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7190**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**VACOVSKY, (Vacoosky) ALBERT**

2. DATE  
OF  
DEATH

**7/28/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**South Baltimore Genl Hosp**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

**Maryland**

B. COUNTY

**Baltimore**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

**24-04**

D. STREET ADDRESS (If rural, give location)

**1730 Andre' St.**

**Zone 30**

Length of stay in Baltimore

**38 yrs**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Widowed**

8. DATE OF BIRTH

**1/1/90**

9. AGE (In years last birthday)

**62**

10. Under 1 Year  
Months: Days

**2**

11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**BAKER**

10B. KIND OF BUSINESS OR INDUSTRY

**Own Business**

11. BIRTHPLACE (State or foreign country)

**Czechoslovakia**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**James Vacovsky**

14. MOTHER'S MAIDEN NAME

**Barbara Bily**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**James F. Vacovsky, brother, 1306 Beatty Ave**

18. **578X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Massive Gastro Intestinal hemorrhage Thro**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Undetermined origin**

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Hypertensive Cardio Vascular Renal Disease type**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 28, 1952**, to **July 28, 1952**; that I last saw the deceased alive on **July 28, 1952**, and that death occurred at **12:45 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**William W. Williams**

23B. ADDRESS

M. D.

**South Baltimore Genl Hosp**

23C. DATE SIGNED

**7/28/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**July 31, 1952**

24C. NAME OF CEMETERY OR CREMATORY

**Oak Hill Cemetery**

24D. LOCATION (City, town, or county) (State)

**Horner's Lane, Balto. Md.**

DATE RECEIVED BY LOCAL REGISTRAR

**JUL 31 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**Schimmek Funeral Home, Inc.**

ADDRESS

**2601-3-5 E. Madison St.**

VS 150

**50044**

MEDICAL CERTIFICATION

0045 82

520  
52 7191  
JL- 161309BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7191  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Pink

2. DATE  
OF  
DEATH

7-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospital  
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1301 Dundalk Ave. -24

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 16, 1899

9. AGE (In years  
last birthday)

74

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Honorary Member

10B. KIND OF BUSINESS OR  
INDUSTRY

Baltimore City School

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 540.0

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

Gastro intestinal Hemorrhage

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Bleeding peptic ulcer

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

hrs.

?

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardio Vascular Disease

Yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1952, to July 30, 1952, that I last saw the  
deceased alive on July 30, 1952, and that death occurred at 12.35AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave.

7-30-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 31 1952

Huntington Williams, M.D.

1217 St Paul St

John Lark

1950

1951

1952

1953

1954

1955

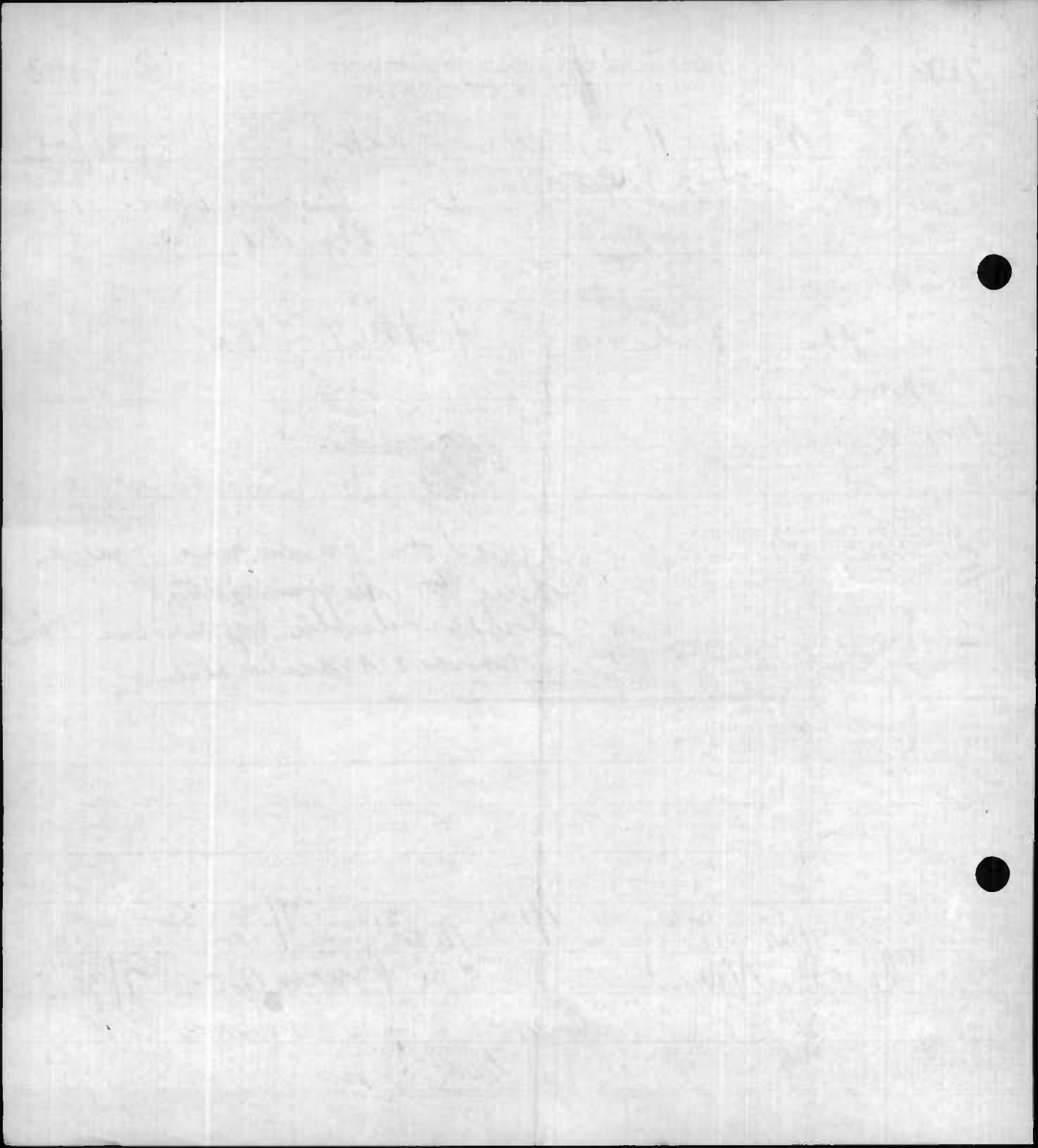
1956

1957

1958

1959





364

7193

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7193

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>WILLIAM M. FETTEROLF</b>		2. DATE OF DEATH <b>July 28, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>37 Mercy Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 12-0-3</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2737 St Paul St #15</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>Aug 7, 1882</b>
9A. USUAL OCCUPATION (Give type of work done during most of working life, even if retired) <b>Taking Business</b>		9B. KIND OF BUSINESS OR INDUSTRY <b>Taking</b>	
10A. USUAL OCCUPATION (Give type of work done during most of working life, even if retired) <b>Taking Business</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Taking</b>	
11. FATHER'S NAME <b>Mamiah Fetterolf</b>		12. MOTHER'S MAIDEN NAME <b>Martha Anderson</b>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		14. SOCIAL SECURITY NO.	
15. INFORMANT		ADDRESS <b>Mrs Ethel M Fetterolf 2737 St Paul St</b>	

18. <b>561.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <b>strangled &amp; inguinal hernia</b> DUE TO <b>hernia</b>	INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>July 27, 1952</b>	19B. MAJOR FINDINGS OF OPERATION <b>strangled &amp; inguinal hernia</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>July 27, 1952</b> , to <b>July 28, 1952</b> , that I last saw the deceased alive on <b>July 28, 1952</b> , and that death occurred at <b>6:45 p.m.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>Robert A. Moore, Jr.</b>	23B. ADDRESS <b>Mercy Hosp.</b>	23C. DATE SIGNED <b>July 28, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>8/2/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>London Park Baltimore MD</b>
24D. LOCATION (City, town, or county) (State)	24E. NAME OF CEMETERY OR CREMATORY <b>London Park Baltimore MD</b>	24F. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, MD</b>	25. FUNERAL DIRECTOR <b>W. J. Coe</b>
ADDRESS <b>1217 St Paul St</b>		

50044

July 1883

1883

1883

1883

1883

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1883

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1883

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1883

1883

1883

1883

1883

362 JL-157255

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7194  
Registered No.

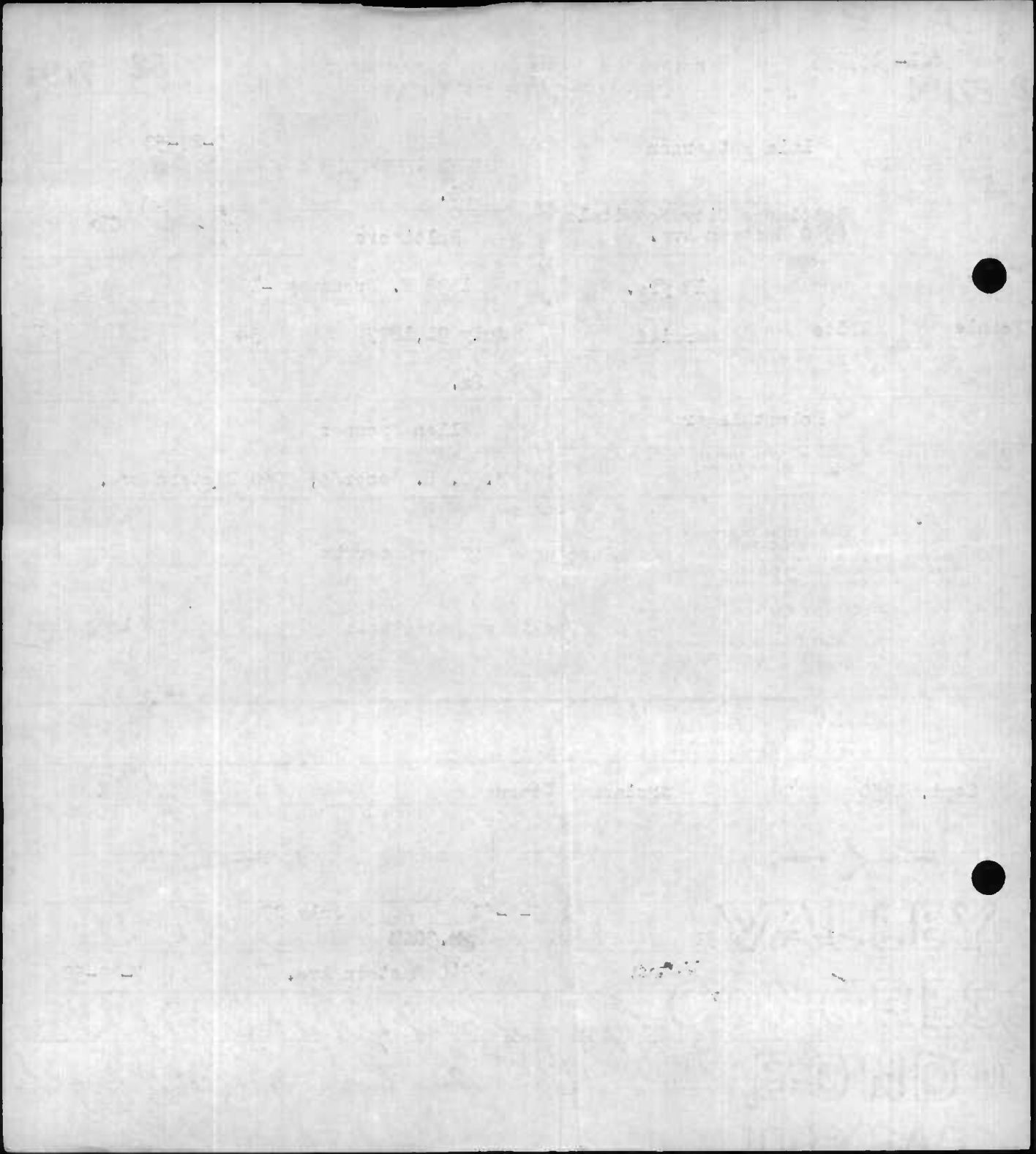
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Lula Patterson</b>		2. DATE OF DEATH <b>7-29-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Baltimore City Hospital 4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
5. LENGTH OF STAY IN BALTIMORE <b>13 yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>1533 N. Broadway -13</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 31, 1897</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>54</b>
11. BIRTHPLACE (State or foreign country) <b>Pa.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Robert Sager</b>		14. MOTHER'S MAIDEN NAME <b>Ellen Krommes</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>B. C. H. Records, 4940 Eastern Ave.</b>

18. <b>171X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of the cervix</b> DUE TO (A) <b>Possible Metastasis</b> DUE TO (B) <b>Possible Metastasis</b> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <b>long time</b> <b>long time</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>Sept. 1950</b>	19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma Uterus</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>3-7-52</b> , 19 <b>52</b> , to <b>July 29</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>July 29</b> , 19 <b>52</b> , and that death occurred at <b>2:30 AM</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>Chas. C. Hogan</b> M. D.	23B. ADDRESS <b>4940 Eastern Ave.</b>	23C. DATE SIGNED <b>7-29-52</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug 1/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Park, Windsor Mill Rd. Md.</b>	24D. LOCATION (City, town, or county) (State) <b>MD.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Augustin E. Donovan</b>	ADDRESS <b>-3818 Roland Ave.</b>



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

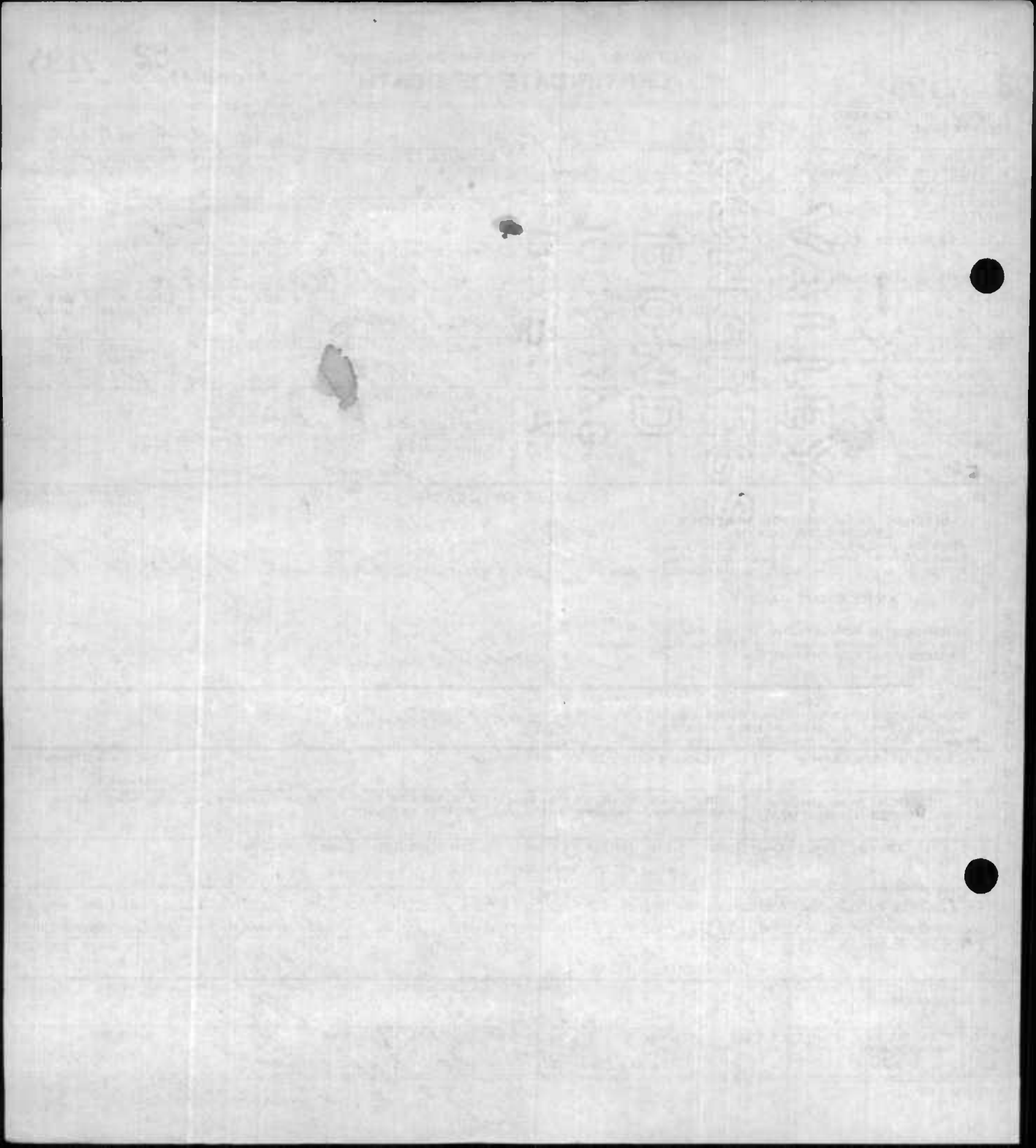
Registered No. **52 7195**

**625**  
BIRTH NO. **7195**

1. NAME OF DECEASED (Type or Print) <b>Helen C. Harrison</b>			2. DATE OF DEATH <b>July 28, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore, Md.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>South Baltimore General Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 25-04</b>		
D. STREET ADDRESS (If rural, give location) <b>831 Patapsco Ave. #25</b>			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>Sept. 1888</b>	9. AGE (In years last birthday) <b>63</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <b>N.Y.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13. FATHER'S NAME <b>J. LaFay</b>			14. MOTHER'S MAIDEN NAME <b>Susanne Brady</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Frank Jane</b>			ADDRESS		

18. <b>604 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hydrocephrosis - bilateral</b>		
(A) DUE TO		
(B) DUE TO <b>Urolithiasis</b>		<b>2 yrs.</b>
(C) DUE TO <b>Malnutrition</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>7-1-52</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June 29, 1952</b> , to <b>July 28, 1952</b> , that I last saw the deceased alive on <b>July 28, 1952</b> and that death occurred at <b>7 P.</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Chi-Chao Chiu</b>		23B. ADDRESS <b>S.B.G.H.</b>		23C. DATE SIGNED <b>7-29-52</b>	
24A. BURIAL CREMATION, REMOVAL (Specify)		24B. DATE <b>7-1-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>		25. FUNERAL DIRECTOR <b>Bo E. Fox</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>			



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52-7196**

**52-7196**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>EDWARD H. DUNGAN</b>		2. DATE OF DEATH <b>July 29, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Baltimore</b>	
D. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		E. STREET ADDRESS (If rural, give location) <b>131 E. Fort Avenue</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>6/29/97</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Balto. City</b>	9. AGE (in years last birthday) <b>55</b>
13. FATHER'S NAME <b>John Dungan</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Family - Same</b>		ADDRESS	

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  <b>Arteriosclerotic cardiovascular disease</b> DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  (C)	19. CAUSE OF DEATH  <b>Arteriosclerotic cardiovascular disease</b>  (B)  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  <b>Bronchial asthma</b>
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <i>[Signature]</i>	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED <b>July 29, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	24B. DATE <b>8/2/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Oscar Hill</b>
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. (State)

DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 21 1952</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR <b>James L. McCully - 130 E. Fort Ave.</b>	ADDRESS
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MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 7197

BIRTH NO. 52

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

Length of stay in Baltimore  
Yrs. Mos. Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

ONE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1952, to July 16, 1952, that I last saw the deceased alive on July 16, 1952, and that death occurred at 11:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNITED STATES DEPARTMENT OF JUSTICE

7

WALTER K. ...

## BALTIMORE CITY HEALTH DEPARTMENT

52 7198

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 198 52-16226

1. NAME OF DECEASED  
(Type or Print)

Adrian Johnson

2. DATE  
OF  
DEATH

July 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1211 W. North Ave

6. Length of stay in Baltimore

Yrs.  
Mos.  
Days

7. SEX

8. COLOR OR RACE

9. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

10. DATE OF BIRTH

11. AGE (In years  
last birthday)12. Under 1 Year  
Months: Days  
13. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Acute purulent meningitis

2 days

## ANTECEDENT CAUSES

DUE TO

(B)

nil.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 7/18 1952 to 7/20, 1952, that I last saw the  
deceased alive on 7/20, 1952 and that death occurred at 1:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7/20/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

805 SC

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

1915  
The following is a list of the plants which have been introduced into the United States from foreign countries since the year 1900.

1915

1915

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7199**

BIRTH NO. **52 719952-16689**

1. NAME OF DECEASED (Type or Print) <b>Baby Girl Lane</b>			2. DATE OF DEATH <b>July 22, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md.</b> B. COUNTY <b>2-01</b>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
6. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>2015 E. Baltimore St</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	B. DATE OF BIRTH <b>7-17-52</b>		9. AGE (In years last birthday) <b>5</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <b>md.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>James Lane</b>			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		

18. <b>762.5</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Atelactasis</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Prematurity</b> (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7-22, 1952</b> , to <b>7-22, 1952</b> , that I last saw the deceased alive on <b>7-22, 1952</b> , and that death occurred at <b>10<sup>05</sup> P.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Helen B. Flynn</b>		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		23C. DATE SIGNED <b>7/25/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>97</b>	
VS 150		<b>Hospital Disposal</b>			

MEDICAL CERTIFICATION

1945 57

RECEIVED BY MAIL DEPARTMENT  
FEDERAL BUREAU OF INVESTIGATION

1945

[Faint, mostly illegible text and markings on a document page, possibly a form or report. The text is mirrored and appears to be bleed-through from the reverse side. Two circular punch holes are visible on the right margin.]

620

JL - 160804

BIRTH NO. 7200-15107

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7200

1. NAME OF DECEASED (Type or Print) <b>Powers- Baby Girl- Juanita</b>			2. DATE OF DEATH <b>7-12-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>315 N. Pearl St.</b>			E. LENGTH OF STAY IN BALTIMORE <b>Life</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 6, 1952</b>		9. AGE (In years last birthday) <b>6</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <b>Md.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Anthony Seay</b>			14. MOTHER'S MAIDEN NAME <b>Juanita Powers</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>B. C. H. Records, 4940 Eastern Ave.</b>			ADDRESS		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Septicemia</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Ritter's Disease</b> DUE TO <b>Prematurity</b> LIFE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. <b>No Post</b>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 6, 1952</b> to <b>July 12, 1952</b> that I last saw the deceased alive on <b>July 12, 1952</b> and that death occurred at <b>8.35 AM</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>C. Rogers</b>			23B. ADDRESS <b>4940 Eastern Ave.</b>		23C. DATE SIGNED <b>7-30-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremated</b>		24B. DATE <b>7-24-52 09am</b>		24C. NAME OF CEMETERY OR CREMATORY <b>B. C. H. Crematory</b>	
24D. LOCATION (City, town, or county) (State) <b>4940 Eastern Ave.</b>					
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>5200 7 1 9 0</b>	

MEDICAL CERTIFICATION

VALLEY  
COMMITTEE  
BOARD

500

RZX- 161009

52 7201

BIRTH NO. 82-15494

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 52 7201

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Boone- Baby Boy- Rosalie		7-13-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospital 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 301 S. Sharp St.			
5. SEX Male		6. COLOR OR RACE Negro	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 7-13-52	
9. AGE (In years last birthday) NB		10. Under 1 Year Months: Days: 2	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Vernon Junior Boche		14. MOTHER'S MAIDEN NAME Rosalie Wiley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT B.C.H. Records		ADDRESS 4940 Eastern Ave.	

18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PREMATURE CAUSES DUE TO (A) Prematurity		INTERVAL BETWEEN ONSET AND DEATH Life
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C)		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7-13-1952, to 7-13-1952, that I last saw the deceased alive on 7-13-1952, and that death occurred at 10:45 AM from the causes and on the date stated above.

23A. SIGNATURE *W. C. Rogers* M. O. 4940 Eastern Ave. 23B. ADDRESS 23C. DATE SIGNED 7-30-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated 24B. DATE 7-30-52 24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory 24D. LOCATION (City, town, or county) (State) 7 4940 Eastern Ave.

DATE RECEIVED BY LOCAL REGISTRAR JUL 31 1952 REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR ADDRESS

\_\_\_\_\_

132  
52 7202

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7202  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JOSEPH LEVITZ</b>		2. DATE OF DEATH <b>7-31-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Forest Park Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 15-38</b>	
D. STREET ADDRESS (If rural, give location) <b>3714 Forest Park Ave</b>		E. LENGTH OF stay in Baltimore <b>33</b> Yrs. <b>33</b> Mos. <b>33</b> Days	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>7-4</b>
9. AGE (In years last birthday) <b>74</b>		10. UNDER 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>General Mdr. Lth</b>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Yehuda</b>		14. MOTHER'S MAIDEN NAME <b>Jesla</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Louis Katz</b>		ADDRESS <b>Lane</b>	
18. <b>470.0</b> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) antero-sclerotic heart disease</b>		<b>24hrs.</b>	
DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B)</b>		DUE TO	
<b>(C)</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 25, 1952</b> , to <b>July 31, 1952</b> , that I last saw the deceased alive on <b>July 28, 1952</b> and that death occurred at <b>6 A</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Michael S. Kunkin</b>		23B. ADDRESS <b>2310 Eutaw Rd</b>	
23C. DATE SIGNED <b>7-31-52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>7-31-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Rosedale</b>	24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR'S ADDRESS <b>2100 Eutaw Rd</b>	

MEDICAL CERTIFICATION

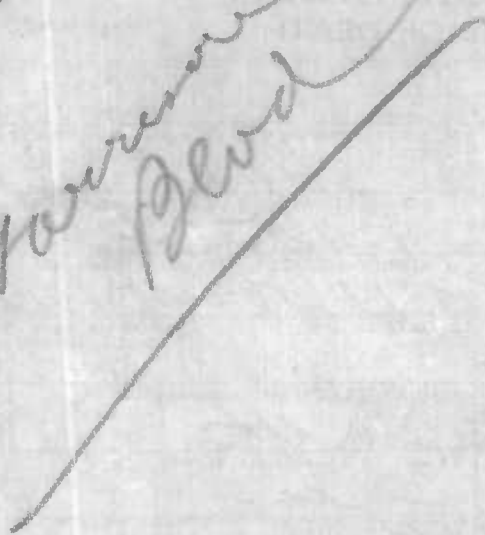
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3001

Yarrow

Blvd



435  
2 7203BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7203

1. NAME OF DECEASED (Type or Print) <b>DORA GOLDMAN</b>		2. DATE OF DEATH <b>7/30/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY <b>15-11</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>SINAI Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore Md</b>	
Length of stay in Baltimore <b>40</b> Yrs. <b>Mon-</b> Days		D. STREET ADDRESS (If rural, give location) <b>3138 Squash Ave</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>?</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Russia</b>
13. FATHER'S NAME <b>Sam Lichenstein</b>		14. MOTHER'S MAIDEN NAME <b>Rose</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Joseph Goldman - same</b>
18. <b>760 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial Infarction</b> DUE TO <b>Cor. occlusion - HASCVD</b> <b>Diabetes Mellitus ?</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9 d</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July</b> , 19 <b>52</b> , to <b>July 30</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>July 29</b> , 19 <b>52</b> , and that death occurred at <b>7:15</b> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Daniel Bakal</b> M. D.		23B. ADDRESS <b>Sinai Hosp.</b>	23C. DATE SIGNED <b>7/30/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>8-1-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Beth T. Teloh</b>	24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Jack Lewis</b>	ADDRESS <b>2100 Canton Rd</b>

MR.

350  
52 7204

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7204

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>IRVIN I. STEIN</i>		2. DATE OF DEATH <i>30 July 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hosp. of Md. Inc.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
6. LENGTH OF STAY IN BALTIMORE <i>54</i>		D. STREET ADDRESS (If rural, give location) <i>3484 Holfield Ave.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>17 Jan. 1898</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Power Keeper</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>54</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Julius</i>		14. MOTHER'S MAIDEN NAME <i>Lena</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Helen Stein</i>		ADDRESS <i>Home</i>	

18. <i>40.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Myocardial Infarction</i> DUE TO (B) <i>Coronary Insufficiency</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>
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19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *23 July, 1952*, to *30 July, 1952*, that I last saw the deceased alive on *30 July, 1952*, and that death occurred at *8:40 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE *Anthony J. Di Giovanni* M. O. 23B. ADDRESS *Lutheran Hosp of Md* 23C. DATE SIGNED *30 July 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>7-31-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Rosedale</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Jack Redick Inc</i> ADDRESS <i>2100 Butawick</i>	

2906M

MEDICAL CERTIFICATION

DECLARATION OF DEATH

1954

STATE OF NEW YORK

County of \_\_\_\_\_

City of \_\_\_\_\_

I, \_\_\_\_\_

do hereby certify that \_\_\_\_\_

has died at \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_

at the age of \_\_\_\_\_ years

and that the death was caused by \_\_\_\_\_

and that the death was not caused by \_\_\_\_\_

and that the death was not caused by \_\_\_\_\_

and that the death was not caused by \_\_\_\_\_

and that the death was not caused by \_\_\_\_\_

and that the death was not caused by \_\_\_\_\_

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and that the death was not caused by \_\_\_\_\_

and that the death was not caused by \_\_\_\_\_

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7205  
Registered No.

BIRTH NO. 52-15086

1. NAME OF DECEASED (Type or Print) <b>Baby Boy Howard - Raychelle</b>			2. DATE OF DEATH <b>July 5, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>908 W. Fayette St. zone 23</b>			E. LENGTH OF STAY IN BALTIMORE <b>Life</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>N</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 4, 1952</b>		9. AGE (In years last birthday) <b>4</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>40</b>
13. FATHER'S NAME <b>James Howard</b>			14. MOTHER'S MAIDEN NAME <b>Raychelle Stokes</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Ave.</b>		

18. <b>776X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Prematurity</b>		INTERVAL BETWEEN ONSET AND DEATH <b>life</b>
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7-4</b> , 19 <b>52</b> to <b>7-5</b> , 19 <b>52</b> that I last saw the deceased alive on <b>7-5</b> , 19 <b>52</b> and that death occurred at <b>12.10AM</b> from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <b>4940 Eastern Ave., Balto., Md.</b>		23C. DATE SIGNED <b>7-30-52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremated</b>		24B. DATE <b>7-30-52 9am</b>		24C. NAME OF CEMETERY OR CREMATORY <b>B. C. H. Crematory</b>		24D. LOCATION (City, town, or county) (State) <b>4940 Eastern Ave.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR		ADDRESS	

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7206

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Arthur Garrett

2. DATE  
OF  
DEATH

Wed. July 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

1259 Washington Blvd

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write FULL name and give township)

Baltimore 21-07

D. STREET ADDRESS (If rural, give location)

1259 Washington Blvd

Length of stay in Baltimore Yrs. Mos. Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

male white married

8. DATE OF BIRTH 9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

Sept. 18, 1893 58

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sign. Home Painter

10B. KIND OF BUSINESS OR INDUSTRY

Home Painting

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Garrett

14. MOTHER'S MAIDEN NAME

Sarah Heiley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

7

17. INFORMANT

Mrs. Lillian E. Garrett (wife)

ADDRESS

Same

18.

332X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis, right 1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral Arteriosclerosis 2 years

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-26, 1952, to 7-30, 1952, that I last saw the deceased alive on 7-26, 1952, and that death occurred at 2:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1222 W. 4th Blvd

23C. DATE SIGNED

7-30-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 2, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn G. & C. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUL 31 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

G. Howard Evans

ADDRESS

56424 / 4005 Charles St Balt 39 Aug

MEDICAL CERTIFICATION

DEPT. 52

RECEIVED

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STANDARD

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Registered No. 52 7207

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:  
A. Baltimore City, Maryland *University Hospital*

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

c. Length of stay in Baltimore

5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Born</i>
-----------------------	------------------------------------	---

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY
---	-----------------------------------

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

6-6-51

11. BIRTHPLACE (State or foreign country)

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18. 500X

### CAUSE OF DEATH

**DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH**  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute daryngo tracheo Bronchitis. One day

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

10. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 7. 29., 1952 to 7. 29., 1952 that I last saw the deceased alive on 7. 29. 1953 and that death occurred at 10. 0. 1953 from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS Unit 101, 1111 1st St. N. Minneapolis, MN 55401 23C. DATE SIGNED 1/1/78

A. BURIAL, CREMATION  
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

TE RECEIVED BY  
CAI REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

916 Penna Ave.

MEDICAL CERTIFICATION

1957-58

MINISTRY OF HEALTH  
GOVERNMENT OF CANADA

Name of Patient		Date of Birth	
Address		City	
Occupation		Referral by	
History of Present Illness		Physical Examination	
Investigations		Diagnosis	
Treatment		Prognosis	
Follow-up		Remarks	

416  
2 7208

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7208

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Addie E. Helfrich</i>		2. DATE OF DEATH <i>July 29, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Clifton Nursing Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>			
D. STREET ADDRESS (If rural, give location) <i>900 Poplar Grove St.</i>		E. LENGTH OF STAY IN BALTIMORE <i>life</i>			
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>June 12, 1886</i>	9. AGE (In years last birthday) <i>66</i>	10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>home</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>? Heffner</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT ADDRESS <i>John Helfrich - 900 Poplar Grove St.</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>331X I</i>		CAUSE OF DEATH (A) <i>CEREBRAL HEMORRHAGE</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>MAY 1, 1949</i> to <i>JULY 29, 1952</i> , that I last saw the deceased alive on <i>JULY 29, 1952</i> , and that death occurred at <i>6 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Norman R. Keenan</i>		M. D. <i>3803 Edmondson Ave</i>		23B. ADDRESS <i>7/31/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug. 4, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) <i>Balto.</i>		24E. STATE <i>Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>John T. Stansbury 2700 Edmondson Ave.</i>	

MEDICAL CERTIFICATION

BALTIMORE AND ANNE ARBOR  
CERTIFICATE OF DEATH

Name of Deceased \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

Color \_\_\_\_\_

Marital Status \_\_\_\_\_

Place of Birth \_\_\_\_\_

Usual Residence \_\_\_\_\_

Occupation \_\_\_\_\_

Education \_\_\_\_\_

Religion \_\_\_\_\_

Date of Death \_\_\_\_\_

Time of Death \_\_\_\_\_

Place of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Immediate Cause of Death \_\_\_\_\_

Underlying Cause of Death \_\_\_\_\_

Contributing Cause of Death \_\_\_\_\_

Mode of Death \_\_\_\_\_

Signature of Physician \_\_\_\_\_

Signature of Coroner \_\_\_\_\_

Signature of Registrar \_\_\_\_\_

Signature of Burial Officer \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Signature of \_\_\_\_\_

Signature of \_\_\_\_\_

Signature of \_\_\_\_\_

Signature of \_\_\_\_\_

Signature of \_\_\_\_\_

Signature of \_\_\_\_\_

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7209  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>IRVIN GROLLMAN</b>			2. DATE OF DEATH <b>July 30, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>US Public Health Service Hospital Wyman Pk. Drive &amp; 31st Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>3116 Wolcott Avenue</b>			E. LENGTH OF STAY IN BALTIMORE <b>Life</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5/21/23</b>		9. AGE (in years last birthday) <b>29</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Shoes</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Philip Grollman</b>			14. MOTHER'S MAIDEN NAME <b>Lena Marks</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>WW 2- USA</b>	17. INFORMANT ADDRESS <b>Records- US PHS Hospital, Bal to, Md.</b>		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hodgkin's disease, generalized</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>June 19, 1952</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

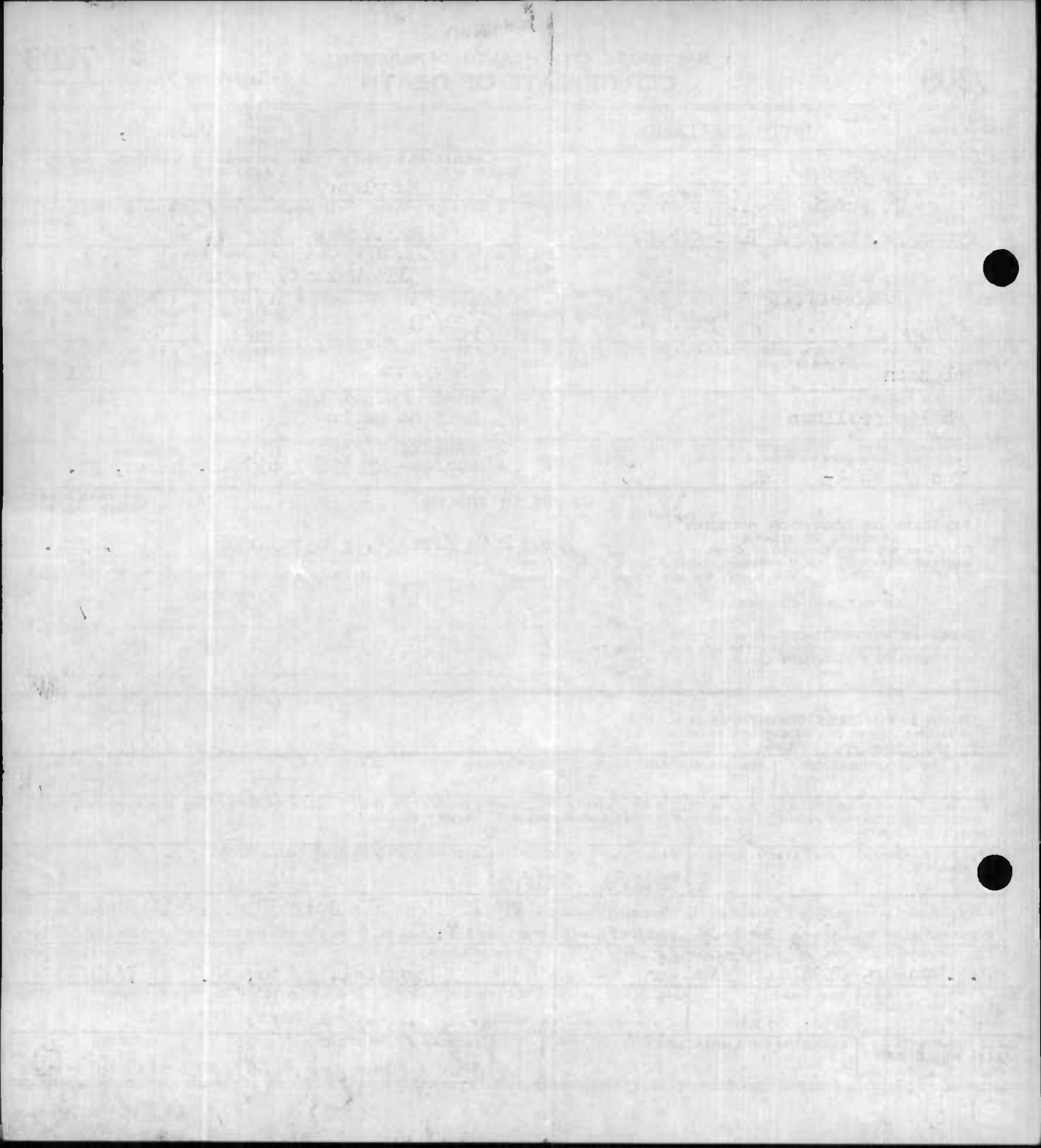
22. I hereby certify that I attended the deceased from **June 19, 1952** to **July 30, 1952**, that I last saw the deceased alive on **July 30, 1952** and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>J.A. Hunter, Clinical Director</b>	23B. ADDRESS <b>US PHS Hospital, Balto, Md.</b>	23C. DATE SIGNED <b>7/30/52</b>
---	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug. 1, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Aitz Chaim Cong.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Sol. Levinson &amp; Bros</b>	ADDRESS <b>-1124-26 W. North Ave</b>

VS 150  
4906F

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**MR. MORRIS L. GROS MAN.**

2. DATE  
OF  
DEATH

**JULY 30, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**UNION MEMORIAL HOSPITAL**

C. Length of stay in Baltimore

**25**

Yrs.  
Mons.  
Days

5. SEX

**MALE**

6. COLOR OR RACE

**WHITE**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**MARRIED**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**BUTCHER, UNEMPLOYED**

10B. KIND OF BUSINESS OR INDUSTRY

**Retail Store**

13. FATHER'S NAME

**ISRAEL GROS MAN**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
**220-05-5036**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

**MARYLAND**

B. COUNTY

C. CITY OR TOWN

**BALTIMORE**

D. STREET ADDRESS (If rural, give location)

**2542 DROID PARK DRIVE, BALTO. 16.**

8. DATE OF BIRTH

**MAY 15, 1883**

9. AGE (In years last birthday)

**69**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

**RUSSIA.**

12. CITIZEN OF WHAT COUNTRY?

**AMERICA**

14. MOTHER'S MAIDEN NAME

**RACHAEL (UNKNOWN)**

17. INFORMANT

**WIFE**

ADDRESS

**2542 Droid PK. Drive.**

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **ACUTE CORONARY OCCLUSION**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

**@ 14 hours**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **ARTERIOSCLEROTIC CARDIOVASCULAR**

DUE TO **DISEASE.**

(C) \_\_\_\_\_

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JULY 30, 1952** to **JULY 30, 1952**, that I last saw the deceased alive on **JULY 30, 1952**, and that death occurred at **4:30 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

**J. B. Brooks M. D.**

23B. ADDRESS

**Union Memorial Hospital**

23C. DATE SIGNED

**July 30, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**8-1-52.**

24C. NAME OF CEMETERY OR CREMATORY

**Bnai Israel, Southern Ave.**

24D. LOCATION (City, town, or county)

**Baltimore & Maryland**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

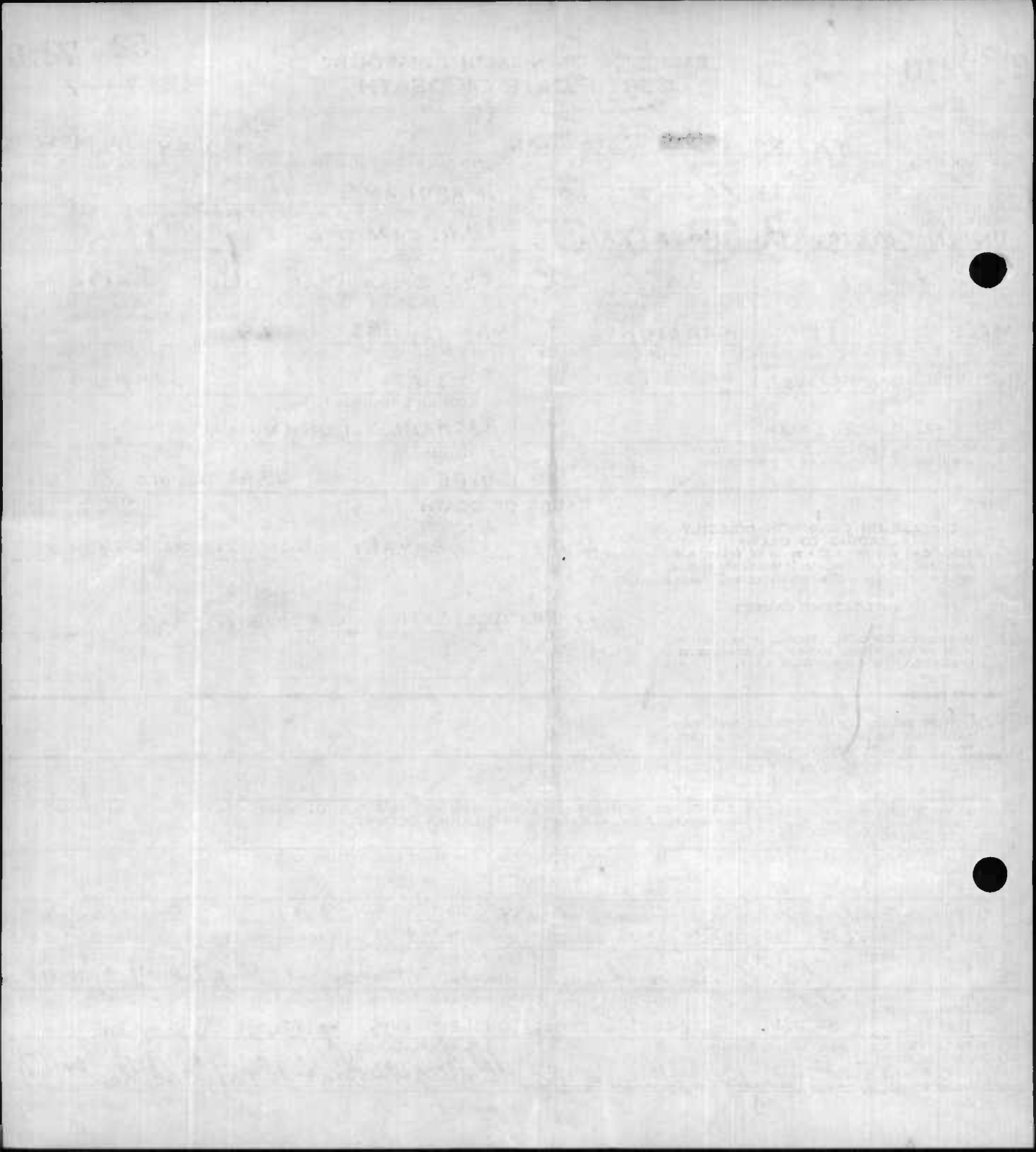
25. FUNERAL DIRECTOR

**Shelton & Son, 11426 N. Tatthele (67)**

VS 150

**6446A**

MEDICAL CERTIFICATION



300  
2 7211BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7211  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		CATHERINE ELIZABETH LUETTE		July 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1730 E. 31st. Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1730 E. 31st. Street			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 18, 1881	9. AGE (in years last birthday) 70	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Conrad Froenlogh		14. MOTHER'S MAIDEN NAME Dorothy Langgood	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT 1730 E. 31st. Street -18 Mr Wm. O. Luetete	
18. 420.1 I		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary Occlusion			hdd
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1939, to 7-29, 1952, that I last saw the deceased alive on 7-28, 1952, and that death occurred at 9:30 a. m., from the causes and on the date stated above.					
23A. SIGNATURE G. H. Eward Jr.		23B. ADDRESS 36 York Ct.		23C. DATE SIGNED 7-31-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 8/1/52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD. George L. Sander			
DATE RECEIVED BY LOCAL REGISTRAR JUL 31 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

STATE OF TEXAS

County of *Dallas*

City of *Dallas*

State of *Texas*

County of *Dallas*

City of *Dallas*

State of *Texas*

County of *Dallas*

City of *Dallas*

State of *Texas*

County of *Dallas*

City of *Dallas*

State of *Texas*

County of *Dallas*

City of *Dallas*

State of *Texas*

County of *Dallas*

City of *Dallas*

State of *Texas*

550  
52 7212BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7212  
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) <b>KATHARINE M. GANNON</b>		
2. DATE OF DEATH <b>July 29, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1825 E. 32nd. Street</b>		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>1825 E. 32nd. Street</b>		
c. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>
8. DATE OF BIRTH <b>Jan. 26, 1892</b>		9. AGE (In years last birthday) <b>60</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Wm. H. Wicker</b>		14. MOTHER'S MAIDEN NAME <b>Katharine Pfisterer</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>
17. INFORMANT <b>Miss Esther C. Gannon</b>		18. ADDRESS <b>1825 E. 32nd. Street 18</b>
18. <b>442X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial Infarction</b> DUE TO <b>Chronic Interstitial nephritis</b> DUE TO <b>arterio sclerosis</b>		
CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b> <b>5 yrs</b> <b>5 yrs</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>Aug. 1, 1952</b> , to <b>July 29, 1952</b> that I last saw the deceased alive on <b>July 29, 1952</b> and that death occurred at <b>4:15 p. m.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>Dr. J. Hammerman M. D.</b>		23B. ADDRESS <b>2858 Harford Rd Baltimore Md.</b>
23C. DATE SIGNED <b>July 30, 1952</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>7/31/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Western Cemetery</b>
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>
VS 150		ADDRESS <b>BALTO., 13, MD.</b>

MEDICAL CERTIFICATION

Seg. P. Sander

RECEIVED FOR THE SECRETARY OF THE ARMY

WASHINGTON, D. C.

RECEIVED FOR THE SECRETARY OF THE ARMY  
WASHINGTON, D. C.  
1918

RECEIVED FOR THE SECRETARY OF THE ARMY  
WASHINGTON, D. C.  
1918

RECEIVED FOR THE SECRETARY OF THE ARMY  
WASHINGTON, D. C.  
1918

RECEIVED FOR THE SECRETARY OF THE ARMY  
WASHINGTON, D. C.  
1918

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WASHINGTON, D. C.  
1918

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WASHINGTON, D. C.  
1918

RECEIVED FOR THE SECRETARY OF THE ARMY  
WASHINGTON, D. C.  
1918

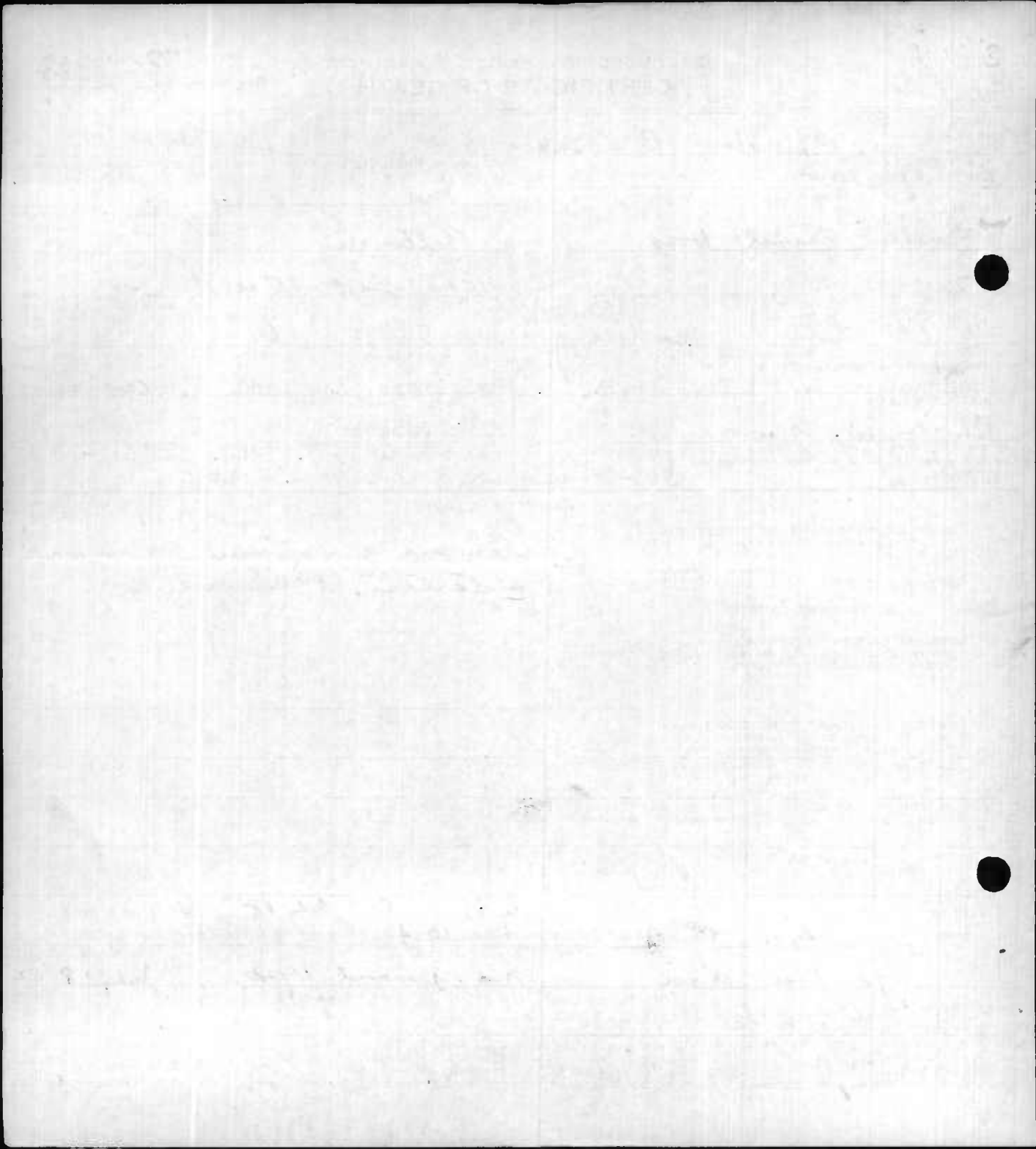
**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7213  
Registered No. \_\_\_\_\_

550  
52 7213  
BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Charles B. Gannon Sr.</b>			2. DATE OF DEATH <b>July 28 '1952</b>		
3. PLACE OF DEATH: <b>A. Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) <b>Ind. Md.</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maryland General Hosp.</b>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
7. Length of stay in Baltimore			8. STREET ADDRESS (If rural, give location) <b>1825 East 32nd St.</b>		
9. SEX <b>M.</b>	10. COLOR OR RACE <b>White</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	12. DATE OF BIRTH <b>June 15 '1888</b>		13. AGE (In years last birthday) <b>64</b>
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>conductor</b>			15. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		16. CITIZEN OF WHAT COUNTRY? <b>American</b>
17. KIND OF BUSINESS OR INDUSTRY <b>B &amp; O R.R. CO.</b>			18. MOTHER'S MAIDEN NAME <b>Mary Jane Noll</b>		
19. FATHER'S NAME <b>Charles W. Gannon</b>			20. INFORMANT <b>1825 E. 32nd. Street -18</b> <b>Mrs Katherine M. Gannon</b>		
21. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>			22. SOCIAL SECURITY NO. <b>705-07-4204</b>		

23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>154X I</b> <b>Carcinoma of rectum ? 4 months</b>		24. CAUSE OF DEATH <b>C metastasis (carcinomatous)</b>		25. INTERVAL BETWEEN ONSET AND DEATH	
26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		27. DUE TO (B) _____		28. DUE TO (C) _____	
29. 19A. DATE OF OPERATION <b>0</b>		30. 19B. MAJOR FINDINGS OF OPERATION		31. 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
32. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		33. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		34. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
35. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		36. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		37. 21F. HOW DID INJURY OCCUR?	
38. 22. I hereby certify that I attended the deceased from <b>July 23</b> , 19 <b>52</b> , to <b>July 28</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>July 28</b> , 19 <b>52</b> , and that death occurred at <b>10 A.m.</b> , from the causes and on the date stated above.					
39. 23A. SIGNATURE <b>Eze-jui Liu</b>		40. 23B. ADDRESS <b>Ind. General Hosp.</b>		41. 23C. DATE SIGNED <b>July 28 '52</b>	
42. 24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		43. 24B. DATE <b>7/30/52</b>		44. 24C. NAME OF CEMETERY OR CREMATORY <b>Western Cemetery</b>	
45. 24D. LOCATION (City, town, county) (State) <b>Baltimore, Md.</b>		46. 25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>		47. ADDRESS <b>BALTO. 13, MD.</b>	
48. DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>		49. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		50. SIGNATURE <b>Henry Sander</b>	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7214

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROBERT C. FRAME

2. DATE  
OF  
DEATH

July 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Marine Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

532 N. Robinson Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 28, 1887

9. AGE (In years  
last birthday)

65

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR  
INDUSTRY

contracting

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas Frame

14. MOTHER'S MAIDEN NAME

Mollie Witmore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

263-10-8810

17. INFORMANT 3102 McElderry Street

Mrs. Mary E. Frame

18.

465X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary embolus

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Williams

23B. CHIEF MEDICAL EXAMINER ☒

23C. DATE SIGNED

July 30, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

8/2/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 31 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER &amp; SONS, INC.

ADDRESS

BALTO., 13, MD.

VS 151

51024

Henry J. Sander



236  
52 7215

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7215

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Stattie <sup>ELLA</sup> Schuster</i>		2. DATE OF DEATH <i>July 30, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>922 3</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-01</i>	
C. Length of stay in Baltimore <i>50YRS</i>		D. STREET ADDRESS (If rural, give location) <i>4411 La Salle Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>8-18-1889</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SEAMSTRESS</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>BEST MEATS</i>	9. AGE (In years last birthday) <i>62</i>
13. FATHER'S NAME <i>HUGO</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO. <i>220-18-6483</i>		14. MOTHER'S MAIDEN NAME <i>Alberta BEER.</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS <i>4411 LA SALLE AVE</i>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarct</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3d</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive Arteriosclerotic Cardiovascular disease</i>		<i>?</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetes Mellitus Hypothyroidism</i>		<i>?</i>

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-30*, 19*52*, to *7-30*, 19*52*, that I last saw the deceased alive on *7-30*, 19*52*, and that death occurred at *6:30* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Thomas R. Hendrix</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>7/30/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>AUG 2 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>BALTIMORE CEM.</i>
24D. LOCATION (City, town, or county) (State) <i>Md.</i>	24E. DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 31 1952</i>	24F. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>
24G. FUNERAL DIRECTOR <i>McDuffie Bros</i>	24H. ADDRESS <i>7110 BELAIR RD.</i>	

MEDICAL CERTIFICATION

69046

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7216  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>DOLORES K. HEALY (MRS. NEAL W.)</b>				2. DATE OF DEATH <b>7-30-52</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MARYLAND</b> b. COUNTY <b>BALTIMORE</b>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <b>UNION MEMORIAL HOSPITAL</b>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 6</b>	
c. Length of stay in Baltimore <b>LIFE</b>				d. STREET ADDRESS (If rural, give location) <b>7524 BELAIR ROAD</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 6, 1906</b>	9. AGE (in years last birthday) <b>46 YRS</b>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13. FATHER'S NAME <b>DR. LINGARD L. WHITEFORD</b>		
14. MOTHER'S MAIDEN NAME <b>KATHERINE NESLINE</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		
16. SOCIAL SECURITY NO. <b>NO</b>			17. INFORMANT ADDRESS <b>MR. NEAL W. HEALY (HUSBAND) SAME</b>		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of heart metastasized to pleura.</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **JULY 9, 1952** to **JULY 30, 1952**, that I last saw the deceased alive on **JULY 30, 1952**, and that death occurred at **1:05 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE **Dr. J. J. Hogan** M. D. 23b. ADDRESS **UNION MEMORIAL HOSP 7500/52** 23c. DATE SIGNED **7/30/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG 2 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HOLY REDEMPTION</b>	24d. LOCATION (City, town, or county) (State) <b>4430 BELAIR RD MD</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>Suppl Bldg 7110 BELAIR RD.</b>	

1954

14

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7217**

BIRTH NO. <b>240</b>		1. NAME OF DECEASED (Type or Print) <b>Mary F Beigel</b>		2. DATE OF DEATH <b>July 29/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY <b>9-03</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hanford Convalescent Home</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>3614 Yolanda Road</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>July 6 1890</b>		9. AGE (In years last birthday) <b>62</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Md</b>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>Henry Schaefer</b>			
14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Phelps Beigel 3614 Yolanda</b>			
18. CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) <b>chronic myocarditis</b>					
DUE TO					
ANTECEDENT CAUSES					
(B) <b>Pneumonia</b>					
DUE TO					
(C)					
INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7/23/52</b> , 19 <b>52</b> , to <b>7/29</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7/29</b> , 19 <b>52</b> , and that death occurred at <b>3 P. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>J. Willis Guyton</b>		23B. ADDRESS <b>3961 Greenmount Ave.</b>		23C. DATE SIGNED <b>7/31/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 31-1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Landon Park</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>		25. FUNERAL DIRECTOR ADDRESS <b>William Williams, 1011 William Williams Funeral Home</b>			

MEDICAL CERTIFICATION

STATE OF NEW YORK  
CERTIFICATE OF DEATH

NAME OF DECEASED	
AGE	
SEX	
RACE	
DATE OF DEATH	
PLACE OF DEATH	
CAUSE OF DEATH	
MANNER OF DEATH	
SIGNATURE OF DECEASED	
SIGNATURE OF WITNESSES	
SIGNATURE OF MINISTER OF THE GOSPEL	
SIGNATURE OF JUDGE OF THE SURVIVORS	
SIGNATURE OF CLERK OF THE COURT	
SIGNATURE OF NOTARY PUBLIC	



UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

REPORT OF INVESTIGATION

DATE OF REPORT

REPORT OF

BY

TO

FOR

REASON

REFERENCE

REMARKS

CONCLUSION

SIGNATURE

DATE

PLACE

OFFICE

AGENCY

STATUS

REMARKS

REMARKS

REMARKS

300

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7219

BIRTH NO. 7219

1. NAME OF DECEASED (Type or Print) <b>Dodd, Mrs Eva</b>			2. DATE OF DEATH <b>July 30th, 52</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Mad Baltimore</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Church Home and Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
6. LENGTH OF STAY IN BALTIMORE <b>29</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>32 Portship Road</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>March 6th 1897</b>	9. AGE (in years last birthday) <b>55</b>	10. Under 1 Year Months Days <b>7 7</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>SCOTLAND, U. K.</b>		12. CITIZEN OF WHAT COUNTRY? <b>-</b>
13. FATHER'S NAME <b>John Brown</b>			14. MOTHER'S MAIDEN NAME <b>Mary Guir</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>218-22-6894</b>	17. INFORMANT <b>Patient Balto 32 Portship road</b>		
18. <b>444X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia</b> DUE TO <b>High blood pressure</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <b>no</b>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 29th, 1952</b> , to <b>July 30th, 1952</b> , that I last saw the deceased alive on <b>July 29th, 1952</b> , and that death occurred at <b>1:15 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>[Signature]</b>			23B. ADDRESS <b>Church Home and Hospital</b>		23C. DATE SIGNED <b>July 30th 52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>8-2-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>OAK LAWN</b>		24D. LOCATION (City, town, or county) (State) <b>BALTO. MD.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Walter Burke Rodley, Dundalk, Md</b>	



5-630  
52 7220

52 7220

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Kenneth Garrett</i>			2. DATE OF DEATH <i>7-29-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Franklin Square Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 19-04</i>		
D. STREET ADDRESS (If rural, give location) <i>38 So Fulton Ave</i>			E. DATE OF BIRTH <i>4-15-1917</i>		
F. AGE (In years last birthday) <i>35</i>			G. Under 1 Year Months: Days		
H. Under 24 Hours Hours: Min.			I. BIRTHPLACE (State or foreign country) <i>Md.</i>		
J. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>			K. MOTHER'S MAIDEN NAME <i>Irene Richards</i>		
L. FATHER'S NAME <i>Howard E. Garrett, Sr.</i>			M. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		
N. SOCIAL SECURITY NO. <i>215-10-7482</i>			O. INFORMANT ADDRESS <i>HE Garrett Sr. Manchester Md</i>		

18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Diabetic acidosis</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
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19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) _____ DUE TO	(C) _____ DUE TO
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20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Carbuncle of scalp infection prior to death, left by day lymphatic</i>	<i>?</i>
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19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-28-1952* to *7-29-1952*, that I last saw the deceased alive on *7-29-1952*, and that death occurred at *6:00* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Thomas B. Schirmer</i>	23B. ADDRESS <i>54 S. Fulton Ave</i>	23C. DATE SIGNED <i>7-29-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Aug 1-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Manchester Lutheran</i>	24D. LOCATION (City, town, or county) (State) <i>Manchester Carroll CO Md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>Aug 31 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Edw C Tipton</i>	ADDRESS <i>Hamptstead Md</i>
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5444K

MEDICAL CERTIFICATION

*[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]*

361  
52 7221  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7221  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>JOHN W. GAWTHROP</b>			2. DATE OF DEATH <b>July 30, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>15-06</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2830 Presbury Street</b> <b>71</b> Yrs. Mos. Days			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>2830 Presbury Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 26, 1880</b>	9. AGE (In years last birthday) <b>71</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Paperhanger</b>			11. BIRTHPLACE (State or foreign country) <b>Md.</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Benjamin F. Gawthrop</b>			14. MOTHER'S MAIDEN NAME <b>Martha Roy</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mrs. Edith E. Gawthrop</b>			ADDRESS <b>2830 Presbury St.</b>		

18. <b>4 yr. 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> DUE TO (A) ..... ANTECEDENT CAUSES (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Strong</i>	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED <b>July 30, 1952</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>8-1-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn 0007</b>	24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>Aug 31 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <b>G. Howard Strong</b>	ADDRESS <b>3207 W. North Ave.</b>
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## CERTIFICATE OF DEATH

DEATH OF

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7222**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Irene (EILEEN) WEBSTER</b>			2. DATE OF DEATH <b>July 30, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>26 36</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
Length of stay in Baltimore <b>20yrs</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>5611 Crossbill Ct.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 29, 1903</b>		9. AGE (in years last birthday) <b>49</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Littleton, N. C.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>June Alston</b>			14. MOTHER'S MAIDEN NAME <b>Elizabeth Johnson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT ADDRESS <b>Mary Webster, 5611 Crossbill, Ct.</b>		

<p>18. <b>170x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of the breast</b> <del>BOOBY</del></p> <p>ANTECEDENT CAUSES <b>Generalized metastases</b></p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>DUE TO</b></p> <p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William W. Williams</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>July 30, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>8/3/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>520007</b>		24D. LOCATION (City, town, or county) (State) <b>Littleton, N. C.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <b>Charles R. Law, 802 Madison Ave.</b>	

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THE CITY OF NEW YORK  
OFFICE OF THE COMMISSIONER OF HEALTH

122

REPORT OF THE  
COMMISSIONER OF HEALTH  
FOR THE YEAR 1900  
CONTAINING  
A SUMMARY OF THE  
MORBIDITY AND MORTALITY  
IN THE CITY OF NEW YORK  
AND A SUMMARY OF THE  
VITAL STATISTICS  
FOR THE YEAR 1900  
AND A SUMMARY OF THE  
VITAL STATISTICS  
FOR THE YEAR 1900

NEW YORK: PUBLISHED BY THE  
COMMISSIONER OF HEALTH  
1901

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7223**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Sarah Criddle</b>		2. DATE OF DEATH <b>7-31-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>#1A--2611 Spellman Road</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, (Cherry Hill)</b>	
D. STREET ADDRESS (If rural, give location) <b>2111 Spellman Road #20</b>		E. LENGTH OF STAY IN BALTIMORE <b>83 yrs.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 28, 1868</b>
9. AGE (In years last birthday) <b>83</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Easton, md.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Joseph Allen</b>		14. MOTHER'S MAIDEN NAME <b>Not Known.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no.</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Geneva Hitch</b>		ADDRESS <b>Same.</b>	

18. <b>260X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <b>Acute Nephritis</b> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <b>Hypertensive Heart Disease</b> DUE TO (C) <b>Diabetes Mellitus</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Cataract Left Eye</b>		

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 24, 1952** to **July 31, 1952**, that I last saw the deceased alive on **July 30, 1952**, and that death occurred at **2:04 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Corrin L. Luck</b>	23B. ADDRESS <b>427 Swale Ave</b>	23C. DATE SIGNED <b>7-31-52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>8/3/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Arbutus Mem. Pk.</b>	24D. LOCATION (City, town, or county) (State) <b>Arbutus, Balto., Co., Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Charles R. Law</b>	ADDRESS <b>802 Mad. Ave.</b>
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UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

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520  
52 7224  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7224

1. NAME OF DECEASED (Type or Print) <i>Alexander Thomas</i>		2. DATE OF DEATH <i>July 30, 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>4/3</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2413 Paca St.</i>		C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>40 yrs.</i>		D. STREET ADDRESS (If other, give location) <i>2413 Paca St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Apr. 12, 1882</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Contractors</i>	
9. AGE (In years last birthday) <i>70</i>		11 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.	
13. FATHER'S NAME <i>Daniel Thomas</i>		14. MOTHER'S MAIDEN NAME <i>Mary Shaw</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>Mr. Phillip Thomas</i>	
		17. INFORMATION ADDRESS <i>2413 Paca St.</i>	

18. <i>422.1</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		<i>Cardio Vascular Disease</i>	<i>?</i>
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>July 19, 52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>July 19, 52</i> , that I last saw the deceased alive on <i>July 19, 52</i> , and that death occurred at <i>1:15</i> p. m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Dr. Johnson</i>		23B. ADDRESS <i>423 Med Art Bldg</i>		23C. DATE SIGNED <i>7-30-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)
<i>Burial Aug. 2, 1952</i>		<i>W. C. Burkman</i>		<i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 31 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>		25. FUNERAL DIRECTOR <i>1631 David Hill Ave.</i>

*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]*

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7225  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**EDWARD W. WHITE**

2. DATE  
OF  
DEATH

**7/28/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE **MARYLAND**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**PROVIDENT HOSP & FREE DISPENSARY**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**BALTIMORE**

C. Length of stay in Baltimore

**LIFETIME**

D. STREET ADDRESS (If rural, give location)

**516 NO STOCKTON ST.**

5. SEX

**MALE**

6. COLOR OR RACE

**NEGRO**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**SINGLE**

8. DATE OF BIRTH

**1/29/1936**

9. AGE (In years last birthday)

**16**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**STUDENT**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**BALTO, MD.**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**CLAYTON WHITE, SR.**

14. MOTHER'S MAIDEN NAME

**OLIVIA SMITH**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uoknowo) (If yes, give war or dates of service)

**no**

**no**

16. SOCIAL SECURITY NO.

**none**

17. INFORMANT

ADDRESS

**Olivia White 516 N Stockton St**

18. **550.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

**PERITONITIS**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

**PERFORATED CAECERENOUS APPENDICITIS**

**6 DAYS**

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

**7/25/52**

19B. MAJOR FINDINGS OF OPERATION

**PERFORATED CAECERENOUS APPENDIX 6 PERITONITIS**

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

**NO**

21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7/25, 1952** to **7/28, 1952** that I last saw the deceased alive on **7/28, 1952** and that death occurred at **5:00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

**A. J. Edwards**

23B. ADDRESS

**PROVIDENT HOSP.**

23C. DATE SIGNED

**7/30/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

**8-2-52**

24C. NAME OF CEMETERY OR CREMATORY

**St. Martin's Memorial Bldg**

24D. LOCATION (City, town, or county)

**md**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, MD.**

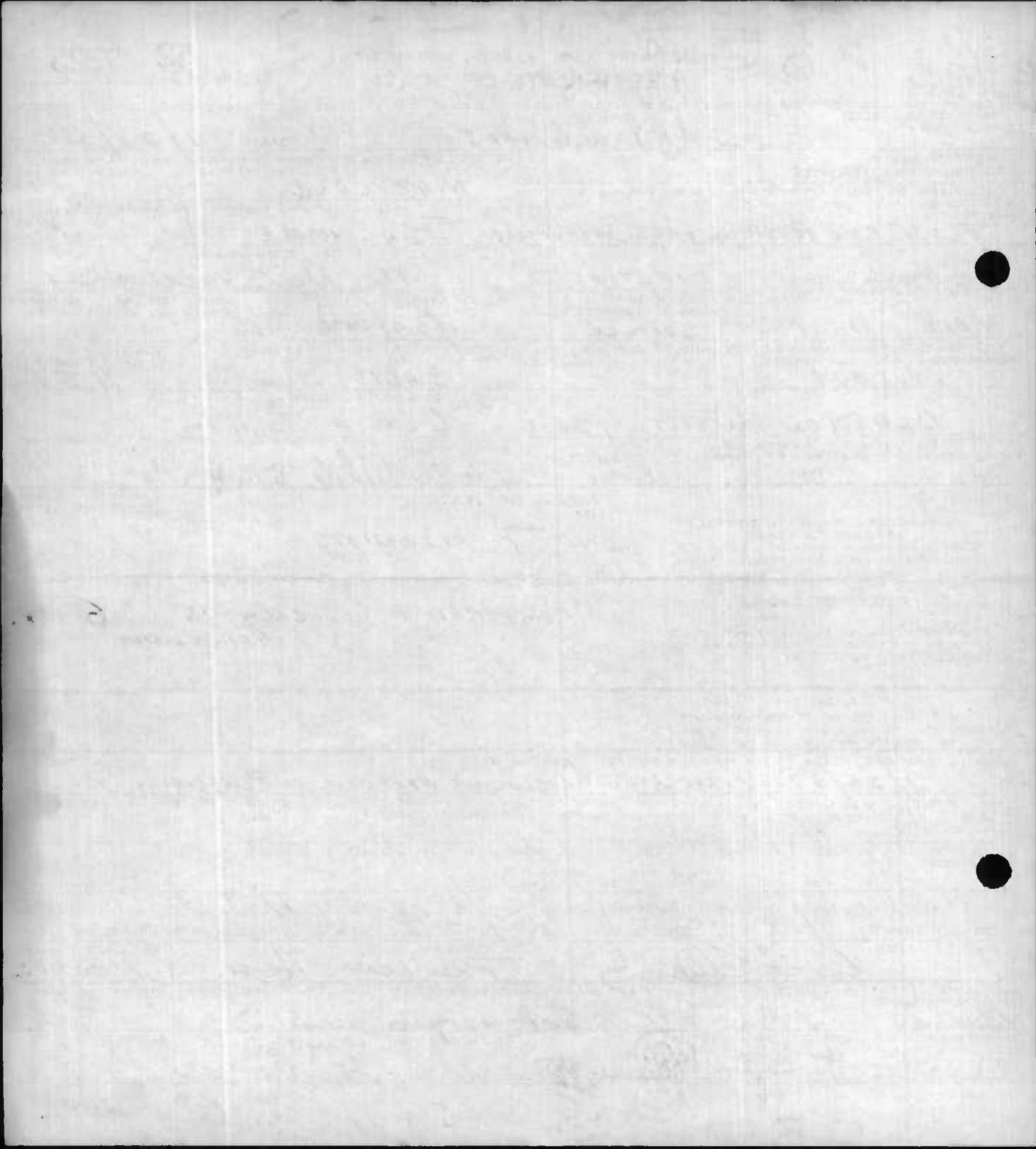
25. FUNERAL DIRECTOR

ADDRESS

**Chas G. Cooper**

**512 N Carrollton Ave**

MEDICAL CERTIFICATION



65  
52 7226BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7226  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Tilghman Cochran</i>			2. DATE OF DEATH <i>7-29-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 5355</i>		
C. Length of stay in Baltimore <i>?</i>			D. STREET ADDRESS (If rural, give location) <i>505 Worcester Rd</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Feb 25, 1900</i>	9. AGE (in years last birthday) <i>52</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Owner + Mgr.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Paper Business.</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Mr. Lawrence Cochran</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Tilghman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>212.01.2461</i>		17. INFORMANT ADDRESS <i>Mrs. Viola Cochran same.</i>	

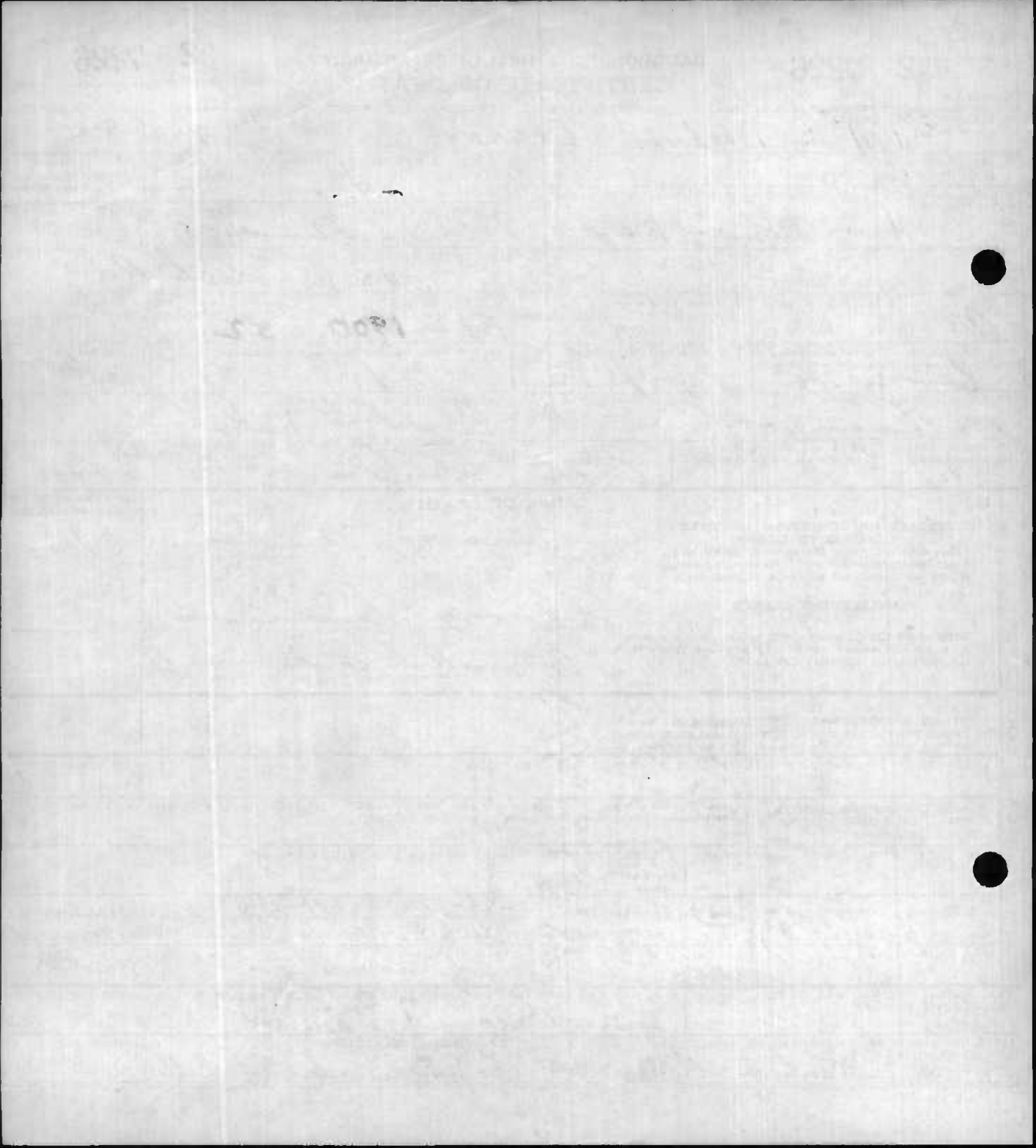
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Coronary thrombosis</i> ANTECEDENT CAUSES DUE TO <i>Coronary arteriosclerosis</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>Arteriosclerotic cardiovascular disease</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs.</i> <i>?</i> <i>?</i>
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19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7-29-52</i> 19, to <i>7-29-52</i> 19, that I last saw the deceased alive on <i>7-29-52</i> 19, and that death occurred at <i>6:30</i> pm., from the causes and on the date stated above.					
23A. SIGNATURE <i>B. D. Bieley M.D.</i>		23B. ADDRESS <i>Union Memorial</i>		23C. DATE SIGNED <i>7-29-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>8/1/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>WOODLAWN CEM</i>	
24D. LOCATION (City, town, or county) (State) <i>WOODLAWN MD</i>					

25. FUNERAL DIRECTOR ADDRESS <i>Wm. J. Tucker &amp; Son Inc. Balto. Md</i>		DATE RECEIVED BY LOCAL REGISTRAR <i>31 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
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VS 150

29063



200  
52 7227BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7227  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>EMMA DORSEY LEWIS</b>			2. DATE OF DEATH <b>July 29, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>12-01</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>12 Hadley Square - North</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>12 Hadley Square - North</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>N</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 2, 1881</b>	9. AGE (In years last birthday) <b>71</b>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>Prince George Co. Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>? Carter</b>			14. MOTHER'S MAIDEN NAME <b>? Barnes</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, as or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT ADDRESS <b>Mr. Albert Lewis 12 Hadley Square</b>		

18. <b>442X - I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cardio-vascular, renal disease</b>	CAUSE OF DEATH (A) <b>Cardio-vascular, renal disease</b> DUE TO (B) <b>disease</b> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1949** 19, to **7-29**, 1952, that I last saw the deceased alive on **7-28**, 1952, and that death occurred at **6:15 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>A. L. Euwall Jr. M. D.</b>	23B. ADDRESS <b>36 York Court</b>	23C. DATE SIGNED <b>7/31/52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>8/1/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Fort Lincoln, Cen.</b>	24D. LOCATION (City, town, or county) (State) <b>Washington, D. C.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Wm. J. Tucker</b>	ADDRESS <b>4000 Ave Belk md</b>
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VS 150

1951

82

SAINT LOUIS COUNTY, MISSOURI

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of burial place		18. Signature of interment		19. Signature of burial place		20. Signature of interment	
21. Signature of burial place		22. Signature of interment		23. Signature of burial place		24. Signature of interment	
25. Signature of burial place		26. Signature of interment		27. Signature of burial place		28. Signature of interment	
29. Signature of burial place		30. Signature of interment		31. Signature of burial place		32. Signature of interment	
33. Signature of burial place		34. Signature of interment		35. Signature of burial place		36. Signature of interment	
37. Signature of burial place		38. Signature of interment		39. Signature of burial place		40. Signature of interment	
41. Signature of burial place		42. Signature of interment		43. Signature of burial place		44. Signature of interment	
45. Signature of burial place		46. Signature of interment		47. Signature of burial place		48. Signature of interment	
49. Signature of burial place		50. Signature of interment		51. Signature of burial place		52. Signature of interment	
53. Signature of burial place		54. Signature of interment		55. Signature of burial place		56. Signature of interment	
57. Signature of burial place		58. Signature of interment		59. Signature of burial place		60. Signature of interment	
61. Signature of burial place		62. Signature of interment		63. Signature of burial place		64. Signature of interment	
65. Signature of burial place		66. Signature of interment		67. Signature of burial place		68. Signature of interment	
69. Signature of burial place		70. Signature of interment		71. Signature of burial place		72. Signature of interment	
73. Signature of burial place		74. Signature of interment		75. Signature of burial place		76. Signature of interment	
77. Signature of burial place		78. Signature of interment		79. Signature of burial place		80. Signature of interment	
81. Signature of burial place		82. Signature of interment		83. Signature of burial place		84. Signature of interment	
85. Signature of burial place		86. Signature of interment		87. Signature of burial place		88. Signature of interment	
89. Signature of burial place		90. Signature of interment		91. Signature of burial place		92. Signature of interment	
93. Signature of burial place		94. Signature of interment		95. Signature of burial place		96. Signature of interment	
97. Signature of burial place		98. Signature of interment		99. Signature of burial place		100. Signature of interment	

634

52

7228

MARGUERITE

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7228

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MARGUERITE BARTEL</b>		2. DATE OF DEATH <b>JULY 29, 52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>3502 PLATEAU AVE</b>		C. CITY OR TOWN (If outside corporate limits, write R.U.M.A. and give township) <b>BALTIMORE</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3502 PLATEAU AVE</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>DRY CLEANING</b>	
13. FATHER'S NAME <b>THOMAS A. GILL</b>		11. BIRTHPLACE (State or foreign country) <b>LEBANON PA.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
16. SOCIAL SECURITY NO. <b>218-03-4077</b>		14. MOTHER'S MAIDEN NAME <b>AGNES M</b>	
17. INFORMANT <b>MR. EARL T. BARTEL</b>		ADDRESS <b>3502 PLATEAU AVE</b>	
18. <b>443X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive C.V. Disease</b> DUE TO <b>Antecedent Causes</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. <b>C.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>About 4 years</b>	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan 1952</b> to <b>July 29, 1952</b> , that I last saw the deceased alive on <b>early July, 1952</b> , and that death occurred at <b>4:40</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Julius C. Gluck</b>		23B. ADDRESS <b>5356 Reisterstown Rd</b>	
23C. DATE SIGNED <b>7/31/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>8/2/52</b>		24B. DATE <b>8/2/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>LOURDON PARK</b>		24D. LOCATION (City, town, or county) (State) <b>BALTIMORE MD.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 31 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, MD.</b>	
25. FUNERAL DIRECTOR <b>Wm J. Tucker &amp; Sons</b>		ADDRESS <b>Baltimore</b>	

MEDICAL CERTIFICATION

3908C

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of witness		11. Signature of coroner		12. Signature of jury	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
33. Signature of burial		34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
41. Signature of burial		42. Signature of burial		43. Signature of burial		44. Signature of burial	
45. Signature of burial		46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial		52. Signature of burial	
53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 7229

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <u>SARAH R. ROSS</u>		2. DATE OF DEATH <u>7/29/52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>AV</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>2568 Edmondson Ave</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>2568 EDMONDSON AVE</u>	
c. Length of stay in Baltimore LIFE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>✓</u>	

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)	8. DATE OF BIRTH <u>OCT 21-1881</u>	9. AGE (In years last birthday) <u>70</u>	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u>		11. BIRTHPLACE (State or foreign country) <u>BALTIMORE MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>✓</u>
13. FATHER'S NAME <u>B FRANK GULDENER</u>			14. MOTHER'S MAIDEN NAME <u>ELIZABETH GORDEN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT <u>2568</u> ADDRESS <u>BETSY ROSS EDMONDSON AVE</u>		

18. <u>410X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH  (A) <u>Acute Cardiac Failure secondary to Rheumatic mitral insufficiency &amp; Atrial Fibrillation (4 years)</u>  (B) <u>Cerebral Vascular Accident</u>  (C) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>10 hours</u>  <u>40 years</u>  <u>15 months</u>  <u>12 years</u>
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19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July 1950 to July 29, 1952, that I last saw the deceased alive on July 29, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE <u>W. Hutton Hersperger</u>	23B. ADDRESS <u>214 Madril Art Bldg</u>	23C. DATE SIGNED <u>7/30/52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>AUG 1-1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>LORRAINE PARK CEM</u>
24D. LOCATION (City, town, or county) <u>Huntington W. Va.</u>	25. FUNERAL DIRECTOR <u>Chas P Towell</u>	ADDRESS <u>2411 Windermill RD</u>

MEDICAL CERTIFICATION

Dr. Hirsberger  
Ve 1075 214 M. M. M. M.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7230  
Registered No.

346  
BIRTH NO. 7230

1. NAME OF DECEASED (Type or Print) <b>SARAH BUTHER</b>		2. DATE OF DEATH <b>7-31-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>3833 Park Heights Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore <b>45</b> Yrs. <b>Mo.</b> <b>Days</b>		D. STREET ADDRESS (If rural, give location) <b>3833 Park Heights Ave</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>62</b>
11. BIRTH PLACE (State or foreign country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Not Known</b>		14. MOTHER'S MAIDEN NAME <b>Not Known</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>David Buraek - Same</b>		ADDRESS	

18. <b>157 X and 260 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <b>banes of Venereas</b>		DUE TO	<b>2 mo</b>
ANTECEDENT CAUSES		(B) <b>Diabetes</b>	<b>2 yrs</b>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION <b>banes of Venereas</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7th** 1952, to **July 31, 1952** that I last saw the deceased alive on **July 31, 1952** and that death occurred at **12:45 PM**, from the causes and on the date stated above.

23A. SIGNATURE <b>Richard Kellman</b> M. D.	23B. ADDRESS <b>3700 Park Heights E</b>	23C. DATE SIGNED <b>July 31, 1952</b>
---	---	---------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>8-1-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Carmel</b>	24D. LOCATION (City, town, or county) (State) <b>72 Baltimore Md</b>
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Jack Lewis</b> ADDRESS <b>2100 Canton Rd</b>

**AUG 1 - 1952**  
VS 150

MEDICAL CERTIFICATION

0057 82

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7231**

**423**  
**52 7231**

1. NAME OF DECEASED (Type or Print) <b>John Polster</b>		2. DATE OF DEATH <b>July 29, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Doctors Hospital</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Baltimore</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 9-08</b>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>2001 Boone St.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 21, 1857</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Real Estate</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Own Business</b>	9. AGE (In years last birthday) <b>95</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>? Polster</b>		14. MOTHER'S MAIDEN NAME <b>Margaret ?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>2001 Boone Street</b>		ADDRESS <b>18 Mrs. Anna R. Polster</b>	

18. <b>446x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>1</b> <b>Artemia</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B) Nephrosclerosis</b> <b>(C) Atherosclerosis</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>senility</b>		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from <b>May 20, 1952</b> to <b>July 29, 1952</b> , that I last saw the deceased alive on <b>July 29, 1952</b> , and that death occurred at <b>11 a m 1952</b> the causes and on the date stated above.				
23A. SIGNATURE <b>Louis R. Mason M.D.</b>		23B. ADDRESS <b>4335 Paul Kuyken</b>		23C. DATE SIGNED <b>7/30/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>8/1/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Park Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 1 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b> ADDRESS <b>BALTO., 13, MD. Sander &amp; Sander</b>

John R. Masor

4335 Park Ave. - one -

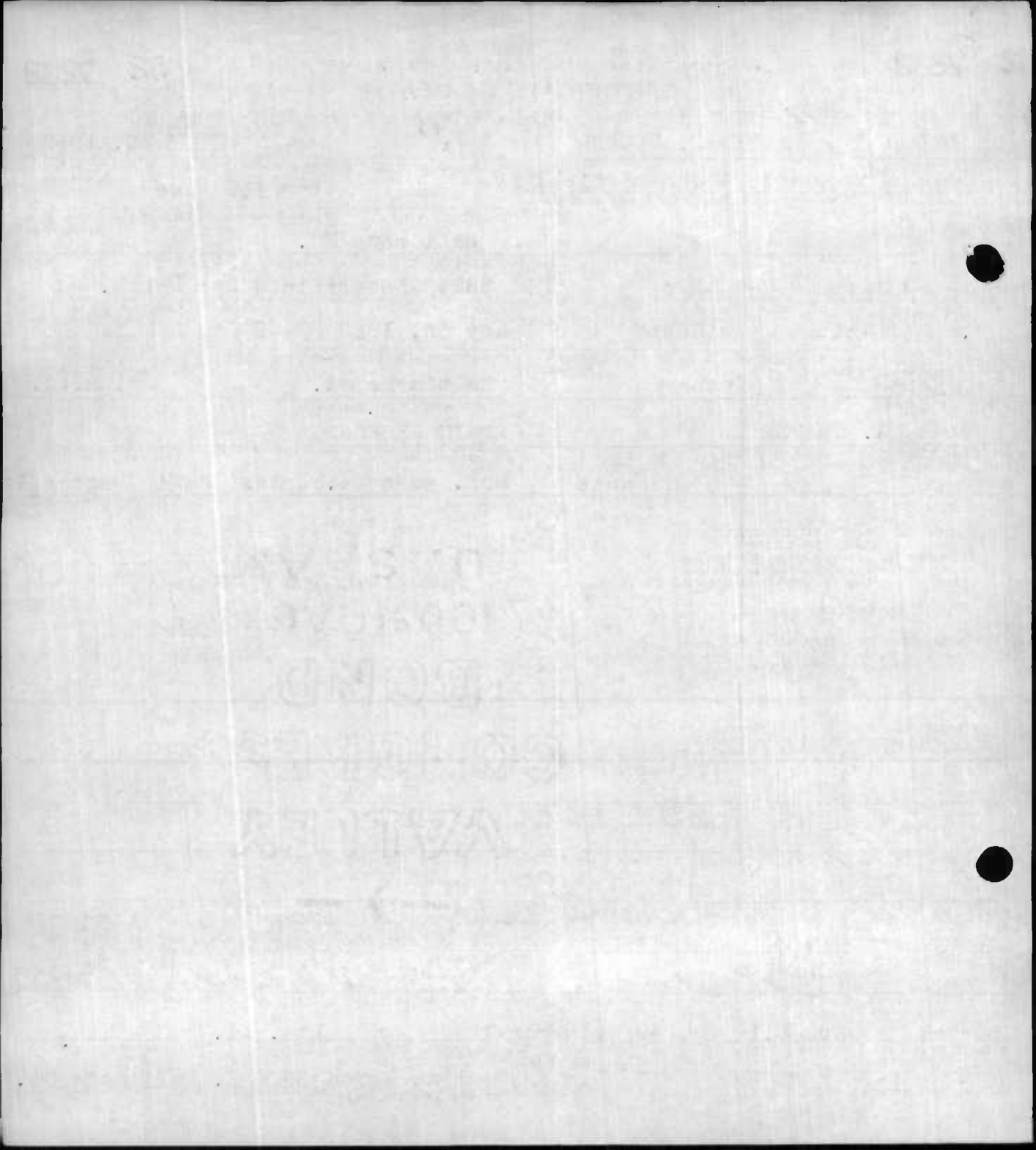
-No. 6759

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7232**

BIRTH NO.

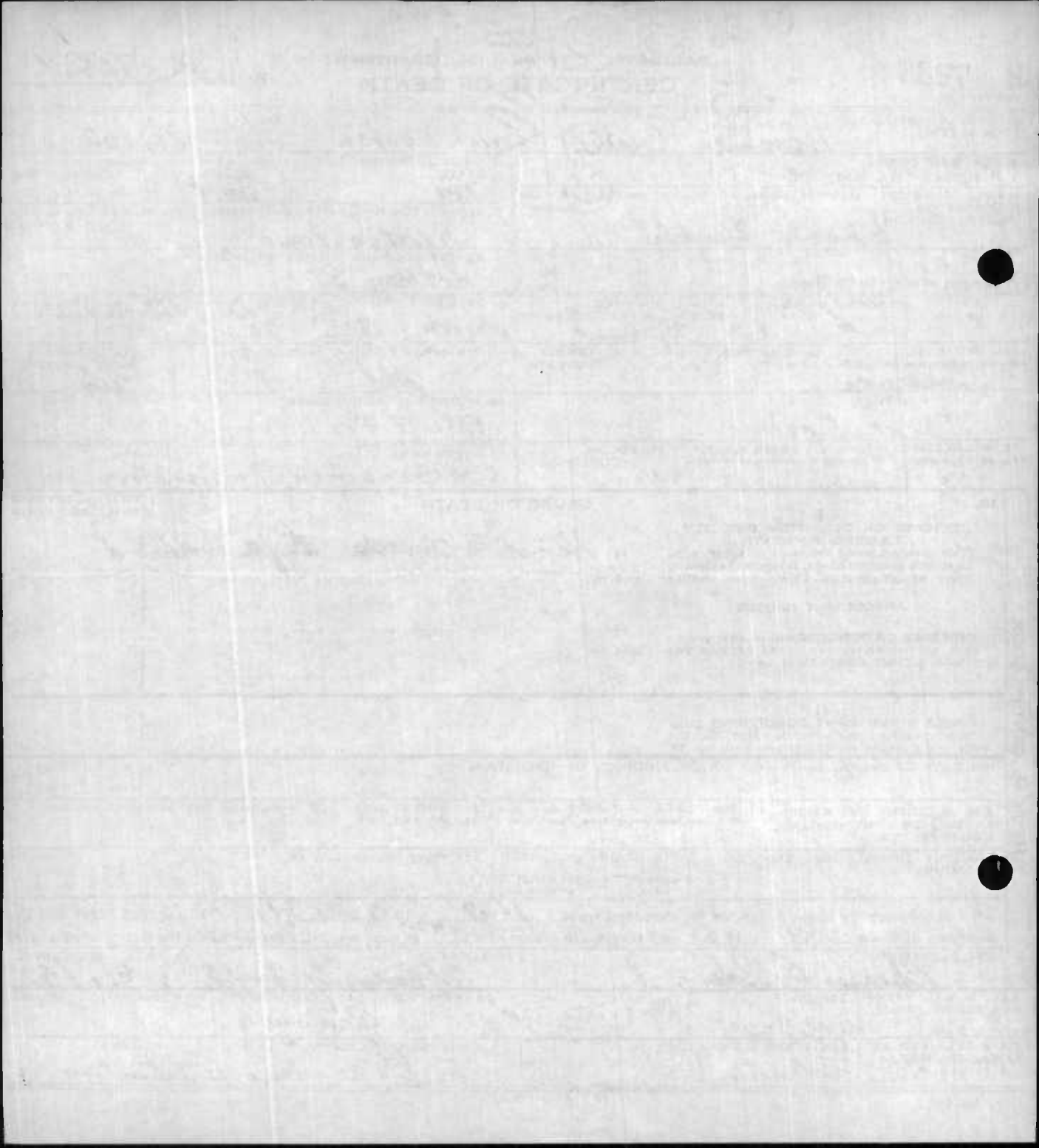
1. NAME OF DECEASED (Type or Print) <b>MARY E. HOOPER</b>				2. DATE OF DEATH <b>JULY 30, 1952</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>3624 Chesterfield Ave</b>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) <b>3624 Chesterfield Ave</b>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <b>HOSPITAL OR INSTITUTION</b>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore Md.</b>	
c. Length of stay in Baltimore <b>Life</b>				d. STREET ADDRESS (If rural, give location) <b>3624 Chesterfield Ave Balto. Md</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 15, 1880</b>	9. AGE (In years last birthday) <b>72</b>	10. Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>	
13. FATHER'S NAME <b>HUGH A. CRAVEN</b>				12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mrs. Rose De. Fontes</b>				ADDRESS <b>(3624 Chesterfield Ave)</b>	
18. <b>332X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Cerebral thrombosis</b> <b>Generalized Paralysis</b> <b>Orthostatic Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>May 12, 1952</b> to <b>May 30, 1952</b> , that I last saw the deceased alive on <b>May 30, 1952</b> , and that death occurred at <b>8:15 P.M.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>H. B. Stearns</b>		23b. ADDRESS <b>3404 E. Euphrates Ave</b>		23c. DATE SIGNED <b>7/31/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 2, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>	
24d. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>		25. FUNERAL DIRECTOR <b>John A. Moran</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 1 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		ADDRESS <b>3000 E. Baltimore St.</b>	



255  
2 7233BEASMAN  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7233

1. NAME OF DECEASED (Type or Print) <b>Beasman (Hattie) Harriet Louise</b>			2. DATE OF DEATH <b>8/1/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY <b>Balt</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Reisterstown</b>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>424 Main ST 5200</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 8 1882</b>		9. AGE (In years last birthday) <b>70</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>Md</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>
13. FATHER'S NAME <b>Frank Yingling</b>			14. MOTHER'S MAIDEN NAME <b>Ella F Fox</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT ADDRESS <b>C M Beasman Reisterstown Md</b>		
18. <b>292.2 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <b>Hemolytic anemia. type undetermined</b> DUE TO (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7/29</b> 19 <b>52</b> , to <b>8/1</b> , 19 <b>52</b> that I last saw the deceased alive on <b>8/1</b> , 19 <b>52</b> , and that death occurred at <b>240 A</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Charles B Adams Jr.</b>			23B. ADDRESS <b>University Hospital</b>		23C. DATE SIGNED <b>8/1/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Aug. 3-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Avi-Saints Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Reisterstown</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 1-1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR'S ADDRESS <b>J. F. Elmer: Sons Reisterstown</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7234**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**RASSLER - ELSIE L.**

2. DATE  
OF  
DEATH

**JUL 31 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

**Md**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**1928 Walbrook Ave.**

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1928 Walbrook Ave.**

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**F**

6. COLOR OR RACE

**W**

7. ~~SINGLE~~ MARRIED.  
WIDOWED, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH

**Nov. 3 / 1899**

9. AGE (In years last birthday)

**52**

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**HOME**

10B. KIND OF BUSINESS OR INDUSTRY

**-**

11. BIRTHPLACE (State or foreign country)

**BALTO CO. MD**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A**

13. FATHER'S NAME

**HUGH TRIPLETT**

14. MOTHER'S MAIDEN NAME

**MARY M. RIDGLEY**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

**NONE**

17. INFORMANT

ADDRESS

**Mrs. Dorothy Adams 1928 WALBROOK AVE**

18. **171X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Generalized Carcinomatosis**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

**about 1 year**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Carcinoma of Cervix Uteri**

DUE TO

**about 2 years**

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **early 1951**, to **July 30, 1952** that I last saw the deceased alive on **July 30, 1952** and that death occurred at **1045** m., from the causes and on the date stated above.

23A. SIGNATURE

**Julius P. Gluck**

M. D.

23B. ADDRESS

**5356 Reisterstown Rd**

23C. DATE SIGNED

**7/31/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**BURIAL**

24B. DATE

**8/4/52**

24C. NAME OF CEMETERY OR CREMATORY

**LORETTA ELM**

24D. LOCATION (City, town, or county)

**WOODLAWN, MD.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**AUG 1 - 1952**

**Huntington Williams, M.D.**

**Wm. J. Zechner - 1000 E. Baltimore**

VS 150

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

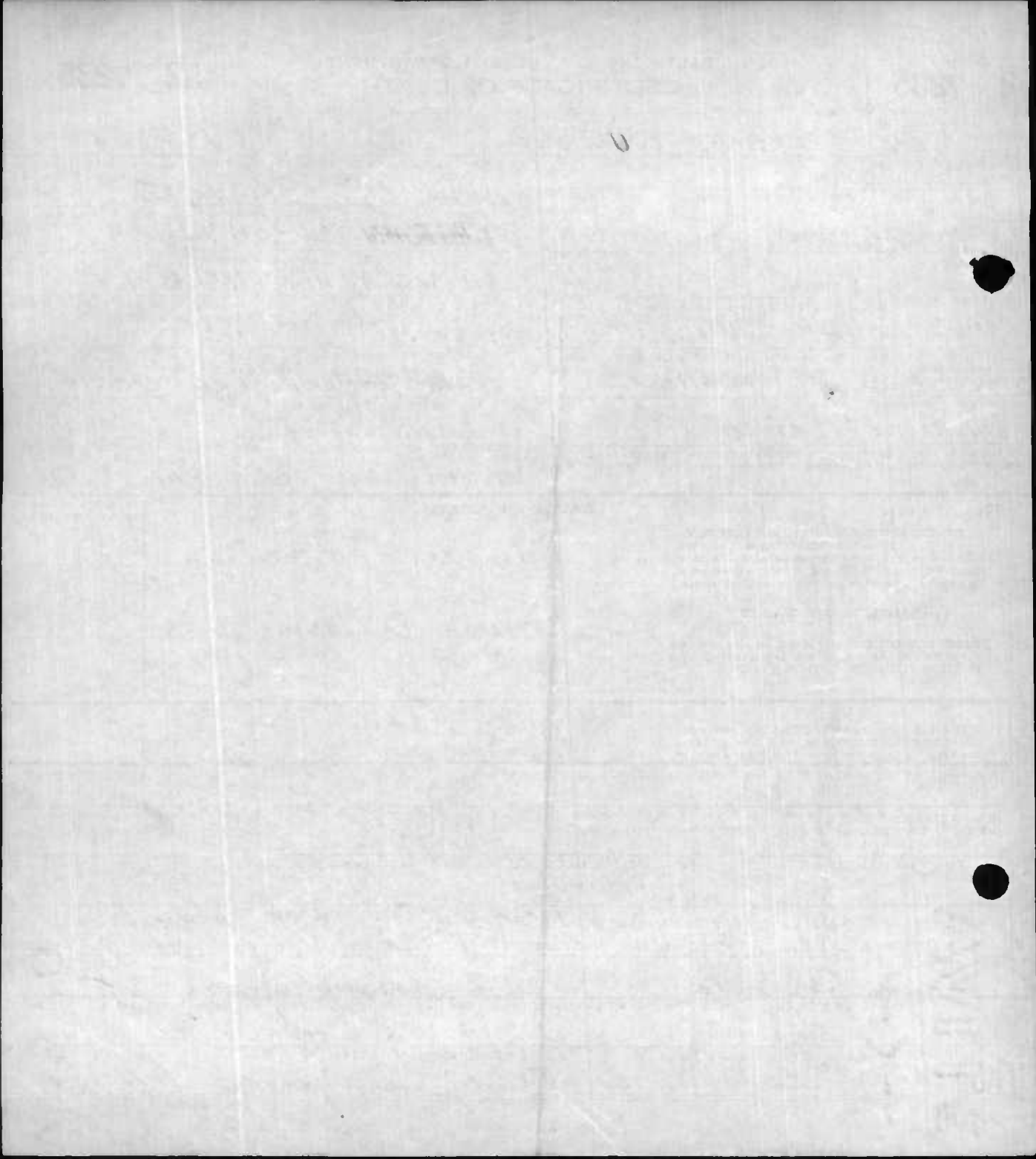
X Registered No. 52 7235

635  
52 7235  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MR. BERKELEY COURTNEY</b>		2. DATE OF DEATH <b>7-30-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>UNION MEMORIAL HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <del>BALTIMORE</del> <b>TOWSON 4</b>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>20 MURRAY HILL CIRCLE 5255</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>NOV. 20, 1895</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STOCK BROKER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>INVESTMENT</b>	9. AGE (In years last birthday) <b>56 yrs</b>
13. FATHER'S NAME <b>REV. MARTIN H. COURTNEY.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>	
		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
		14. MOTHER'S MAIDEN NAME <b>ROSELIE CHANEY</b>	
		17. INFORMANT <b>MR. JAMES B. DIGGS.</b>	
		ADDRESS <b>1904 FIRST NATL BANK</b>	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Edema</b> DUE TO <b>(A)</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Coronary Occlusion</b> DUE TO <b>(B)</b>		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1:20AM 7-30, 1952</b> , to <b>1:40AM 7-30, 1952</b> , that I last saw the deceased alive on <b>7-30, 1952</b> , and that death occurred at <b>1:40 A.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Louise Schaefer</b>		23B. ADDRESS M. D. <b>Union Memorial Hospital</b>		23C. DATE SIGNED <b>7-30-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>8/2/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>ALL SAINTS CH.</b>	
				24D. LOCATION (City, town, or county) (State) <b>SUMMERTOWN MD.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 1 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Wm. J. Seckman &amp; Sons Inc.</b>	
				ADDRESS <b>Bell's md</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7236  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

*LOUISE  
MRS. ORA PAUL*

2. DATE  
OF  
DEATH

*JULY 30, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

*CHILDREN'S HOSPITAL SCHOOL*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*MD.*

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

*BALTIMORE*

D. STREET ADDRESS (If rural, give location)

*6022 ALTA AVE.*

5. SEX

*F*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*M*

8. DATE OF BIRTH

*OCT. 1, 1921*

9. AGE (In years last birthday)

*30*

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*HOUSEWIFE*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*BALTIMORE Md.*

12. CITIZEN OF WHAT COUNTRY?

*USA*

13. FATHER'S NAME

*F.C. NETTINGER*

14. MOTHER'S MAIDEN NAME

*Sopora E. Bliss*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*No*

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
*MR. BRAYTON PAUL  
6022 ALTA AVE*

18. *600.0 and 081X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *CEREBRAL EMBOLUS*

*36 HOURS*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *OPERATION FOR REMOVAL OF RT. KIDNEY JULY 23'S 52*

*(6 DAYS)*

DUE TO

(C) *PYONEPHROSIS*

*UNKNOWN*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*RESIDUAL PARALYSIS, POST POLIOMYELITIC.*

19A. DATE OF OPERATION

*JULY 23, 1952.*

19B. MAJOR FINDINGS OF OPERATION

*PYONEPHROSIS, RT. KIDNEY*

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *JULY 21*, 1952, to *JULY 30*, 1952, that I last saw the deceased alive on *JULY 30*, 1952, and that death occurred at *7:40 pm.*, from the causes and on the date stated above.

23A. SIGNATURE

*Daniel W. Pratt*

23B. ADDRESS

*CHILDREN'S HOSPITAL SCHOOL*

23C. DATE SIGNED

*JULY 30, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*8/2/52*

24C. NAME OF CEMETERY OR CREMATORY

*Moreland PARK.*

24D. LOCATION (City, town, or county) (State)

*BALTIMORE Md*

DATE RECEIVED BY LOCAL REGISTER

*AUG 1 1952*

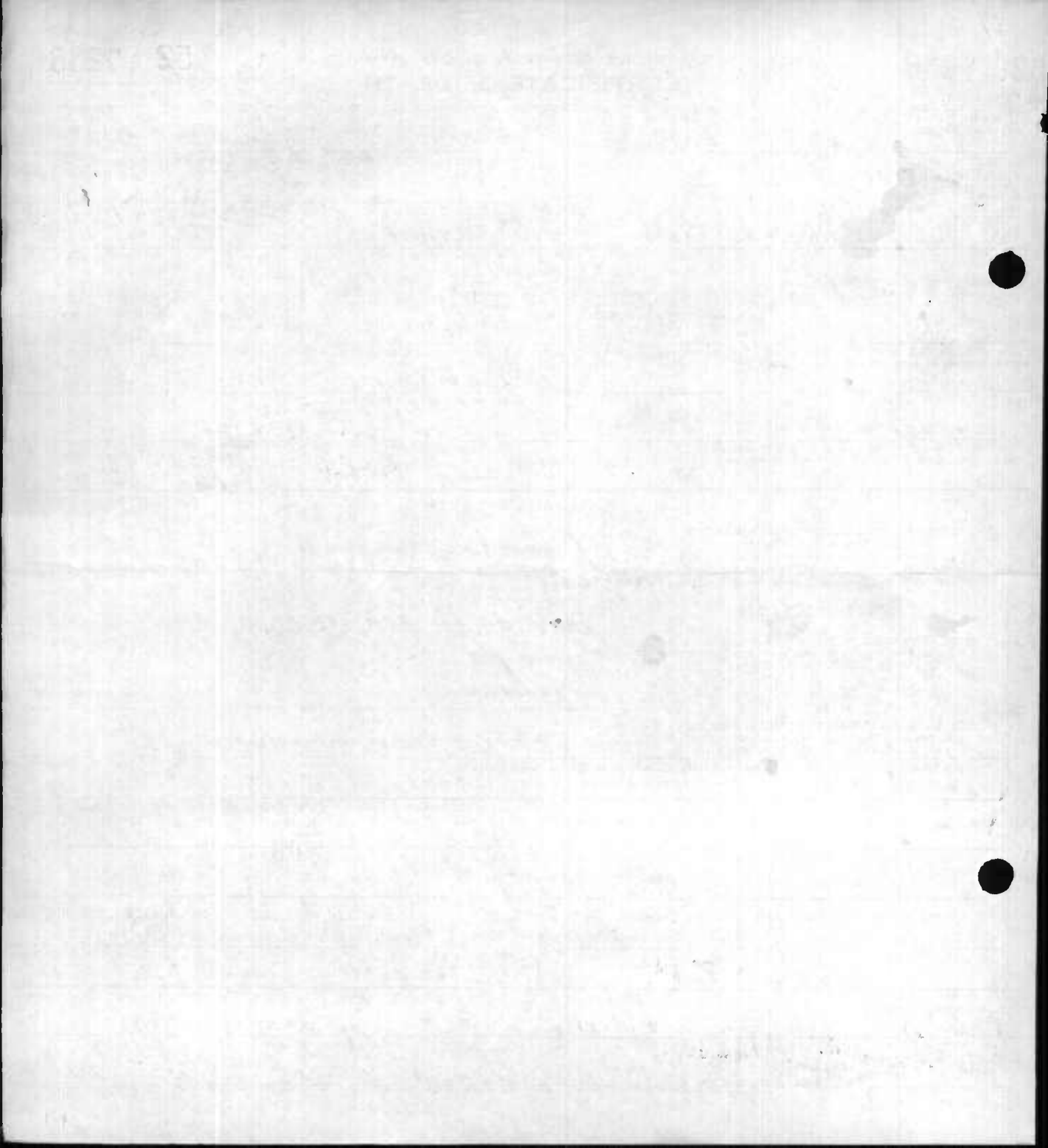
REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*5305 Harford*



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7237**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Edna M. Ponzillo</b>			2. DATE OF DEATH <b>July 31, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland 1800 E. Federal St</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>1800 E. Federal St.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore Md.</b>		
D. STREET ADDRESS (If rural, give location) <b>1800 E. Federal St.</b>					
5. SEX <b>Female</b>			6. COLOR OR RACE <b>White</b>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			8. DATE OF BIRTH <b>Aug. 17, 1898</b>		
9. AGE (In years last birthday) <b>55</b>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		
11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Harry Parlett</b>			14. MOTHER'S MAIDEN NAME <b>Margaret Adams</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		
17. INFORMANT <b>Frank J. Ponzillo</b>			ADDRESS <b>1800 E. Federal St.</b>		

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>I Cardio-vascular disease -</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertension</b>		
(B) <b>Hypertension</b>		
(C) <b>Arteriosclerosis</b>		<b>3 days</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<b>5 yrs</b>

19A. DATE OF OPERATION <b>none</b>		19B. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4-12** 19**50** to **7/31**, 19**52**, that I last saw the deceased alive on **7/31**, 19**52**, and that death occurred at **3 P.** m., from the causes and on the date stated above.

23A. SIGNATURE **Samuel M. McKel** M. D. 23B. ADDRESS **4510 Harford Rd** 23C. DATE SIGNED **8/1/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>August 4/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Ho 5 Redeemer Cem</b>		24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 1 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		FUNERAL DIRECTOR <b>Philip's Funeral Home</b>		ADDRESS <b>2024 Orleans St.</b>	

MINNESOTA CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Cause of Death

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7238**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

9. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rupture of Myocardium

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial Infarct

DUE TO

(C) Hypertensive Arteriosclerotic Cardiovascular Disease

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Left hemiplegia 2° CVA

5d  
26+ys  
5d

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 7/27/52 to 7/31/52, that I last saw the deceased alive on 7/31/52, and that death occurred at 1:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 1 - 1952

Huntington Williams, MD

ULLRICH FUNERAL HOME

ORLEANS 15

CERTIFICATE OF DEATH

CASE OF DEATH

Death of *John J. Smith*

on *11th* day of *July*

at *St. Louis, Mo.*

*1884*

*Age 40 years*

# CERTIFICATE CORRECTED

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 7239**

BIRTH NO. **52 7239**

1. NAME OF DECEASED (Type or Print) <b>WILLIAM McCONNELL</b>		2. DATE OF DEATH <b>July 31, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. Length of stay in Baltimore Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>		O. STREET ADDRESS (If rural, give location) <b>1222 Hewitt Way</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 1, 1895</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steam fitter</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>57</b>
13. FATHER'S NAME <b>Joseph McConnell</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No.</b>		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. <b>214-03-6904</b>		14. MOTHER'S MAIDEN NAME <b>Ada Dare</b>	
17. INFORMANT <b>Mrs. Mary McConnell</b>		ADDRESS <b>1122 Hewitt Way</b>	

18. **E912.3**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Shock**  
DUE TO **crushing injury of pelvis with rupture of femoral artery**

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Industrial place</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Lloyd E. Mitchell &amp; Co.-4605 Reisterstown Rd.</b>	
21D. TIME (Month) (Day) (Year) (Hour) <b>July 30, 1952 10:00 P.</b>		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Crushed by cabin of crane while working as pipe fitter</b>	

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>[Signature]</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>July 31, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Aug. 4, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		24E. FUNERAL DIRECTOR <b>Ullrich Funeral Home 2008 Orleans St.</b>			

DATE RECEIVED BY LOCAL REGISTRAR **AUG 1 - 1952**  
REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**  
V.S. 151

N 867.2

57424

STATE OF TEXAS

1851

1851

State of Texas,  
County of \_\_\_\_\_

State of Texas,  
County of \_\_\_\_\_

260  
52 7240  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7240

1. NAME OF DECEASED (Type or Print) <b>Phillip John Fischer</b>			2. DATE OF DEATH <b>July 30, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>1919 E FAIRMOUNT AVE</b> B. COUNTY <b>BALTIMORE</b> C. CITY OR TOWN <b>6-04</b> D. STREET ADDRESS (If rural, give location) <b>1919 E FAIRMOUNT AVE</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1919 E FAIRMOUNT AVE</b>			5. LENGTH OF STAY IN BALTIMORE <b>65</b> Yrs. <b>Mon.</b> Days		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 24, 1870</b>	9. AGE (In years last birthday) <b>82</b>	10. Under 1 Year Months: Days: <b>-- --</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BAKER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>BAKESHOP</b>	11. BIRTHPLACE (State or foreign country) <b>GERMANY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Unknown</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT ADDRESS <b>William Fischer 1919 E FAIRMOUNT</b>		

18. <b>42010</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CHRONIC MYOCARDITIS &amp; MYOCARDIAL DEGENERATION</b> DUE TO <b>Arricular Fibrillation</b> DUE TO <b>Arteriosclerotic Heart Disease?</b> DUE TO <b>Senility</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 yrs</b> <b>4 yrs</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **November 15, 1948** to **July 30, 1952**, that I last saw the deceased alive on **July 28, 1952**, and that death occurred at **10 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Melvin N. Borden</b>	23B. ADDRESS <b>5000 Old Frederick Rd</b>	23C. DATE SIGNED <b>7/30/52</b>
--	---	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>AUG 2 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>LODGE PARK</b>	24D. LOCATION (City, town, or county) (State) <b>BALTIMORE MD</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 1 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>MULLRICH FUNERAL HOME</b>	ADDRESS <b>2007 ORLEANS ST</b>

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Sex		Age	
Race		Place of Birth	
Usual Residence		Cause of Death	
Occupation		Manner of Death	
Signature of Physician		Signature of Registrar	
Date of Report		Place of Report	

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7241

320  
2 7241

1. NAME OF DECEASED  
(Type or Print)

William Sites

2. DATE  
OF  
DEATH

8-1-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Harward

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Harlem Lodge, Ellicott City

D. STREET ADDRESS (If rural, give location)

6300

5. LENGTH OF STAY IN BALTIMORE

5. SEX

male

6. COLOR OF RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-30-83

9. AGE (in years  
last birthday)

69

If Under 1 Year  
Months Days

If Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR  
INDUSTRY

Produce

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Lames G. Sites

14. MOTHER'S MAIDEN NAME

Mary Floyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

315-01-0636

17. INFORMANT

Mrs Mabel Sites

ADDRESS

Ellicott City Md

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebro Vascular Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arterio sclerotic Cardio Vascular Disease

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from July 30, 1951, to Aug 1, 1952, that I last saw the deceased alive on Aug 1, 1952, and that death occurred at 5:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

23D. M. D.

23E. ADDRESS

23F. DATE SIGNED

23G. M. D.

23H. ADDRESS

23I. DATE SIGNED

23J. M. D.

23K. ADDRESS

23L. DATE SIGNED

23M. M. D.

23N. ADDRESS

23O. DATE SIGNED

23P. M. D.

23Q. ADDRESS

23R. DATE SIGNED

23S. M. D.

23T. ADDRESS

23U. DATE SIGNED

23V. M. D.

23W. ADDRESS

23X. DATE SIGNED

23Y. M. D.

23Z. ADDRESS

23AA. DATE SIGNED

23AB. M. D.

23AC. ADDRESS

23AD. DATE SIGNED

23AE. M. D.

23AF. ADDRESS

23AG. DATE SIGNED

23AH. M. D.

23AI. ADDRESS

23AJ. DATE SIGNED

23AK. M. D.

23AL. ADDRESS

23AM. DATE SIGNED

23AN. M. D.

23AO. ADDRESS

23AP. DATE SIGNED

23AQ. M. D.

23AR. ADDRESS

23AS. DATE SIGNED

23AT. M. D.

23AU. ADDRESS

23AV. DATE SIGNED

23AW. M. D.

23AX. ADDRESS

23AY. DATE SIGNED

23AZ. M. D.

23BA. ADDRESS

23BB. DATE SIGNED

23BC. M. D.

23BD. ADDRESS

23BE. DATE SIGNED

23BF. M. D.

23BG. ADDRESS

23BH. DATE SIGNED

23BI. M. D.

23BJ. ADDRESS

23BK. DATE SIGNED

23BL. M. D.

23BM. ADDRESS

23BN. DATE SIGNED

23BO. M. D.

23BP. ADDRESS

23BQ. DATE SIGNED

23BR. M. D.

23BS. ADDRESS

23BT. DATE SIGNED

23BU. M. D.

23BV. ADDRESS

23BW. DATE SIGNED

23BX. M. D.

23BY. ADDRESS

23BZ. DATE SIGNED

23CA. M. D.

23CB. ADDRESS

23CC. DATE SIGNED

23CD. M. D.

23CE. ADDRESS

23CF. DATE SIGNED

23CG. M. D.

23CH. ADDRESS

23CI. DATE SIGNED

23CJ. M. D.

23CK. ADDRESS

23CL. DATE SIGNED

23CM. M. D.

23CN. ADDRESS

23CO. DATE SIGNED

23CP. M. D.

23CQ. ADDRESS

23CR. DATE SIGNED

23CS. M. D.

23CT. ADDRESS

23CU. DATE SIGNED

23CV. M. D.

23CW. ADDRESS

23CX. DATE SIGNED

23CY. M. D.

23CZ. ADDRESS

23DA. DATE SIGNED

23DB. M. D.

23DC. ADDRESS

23DD. DATE SIGNED

23DE. M. D.

23DF. ADDRESS

23DG. DATE SIGNED

23DH. M. D.

23DI. ADDRESS

23DJ. DATE SIGNED

23DK. M. D.

23DL. ADDRESS

23DM. DATE SIGNED

23DN. M. D.

23DO. ADDRESS

23DP. DATE SIGNED

23DQ. M. D.

23DR. ADDRESS

23DS. DATE SIGNED

23DT. M. D.

23DU. ADDRESS

23DV. DATE SIGNED

23DW. M. D.

23DX. ADDRESS

23DY. DATE SIGNED

23DZ. M. D.

23EA. ADDRESS

23EB. DATE SIGNED

23EC. M. D.

23ED. ADDRESS

23EE. DATE SIGNED

23EF. M. D.

23EG. ADDRESS

23EH. DATE SIGNED

23EI. M. D.

23EJ. ADDRESS

23EK. DATE SIGNED

23EL. M. D.

23EM. ADDRESS

23EN. DATE SIGNED

23EO. M. D.

23EP. ADDRESS

23EQ. DATE SIGNED

23ER. M. D.

23ES. ADDRESS

23ET. DATE SIGNED

23EU. M. D.

23EV. ADDRESS

23EW. DATE SIGNED

23EX. M. D.

23EY. ADDRESS

23EZ. DATE SIGNED

23FA. M. D.

23FB. ADDRESS

23FC. DATE SIGNED

23FD. M. D.

23FE. ADDRESS

23FF. DATE SIGNED

23FG. M. D.

23FH. ADDRESS

23FI. DATE SIGNED

23FJ. M. D.

23FK. ADDRESS

23FL. DATE SIGNED

23FM. M. D.

23FN. ADDRESS

23FO. DATE SIGNED

23FP. M. D.

23FQ. ADDRESS

23FR. DATE SIGNED

23FS. M. D.

23FT. ADDRESS

23FU. DATE SIGNED

23FV. M. D.

23FW. ADDRESS

23FX. DATE SIGNED

23FY. M. D.

23FZ. ADDRESS

23GA. DATE SIGNED

23GB. M. D.

23GC. ADDRESS

23GD. DATE SIGNED

23GE. M. D.

23GF. ADDRESS

23GG. DATE SIGNED

23GH. M. D.

23GI. ADDRESS

23GJ. DATE SIGNED

23GK. M. D.

23GL. ADDRESS

23GM. DATE SIGNED

23GN. M. D.

23GO. ADDRESS

23GP. DATE SIGNED

23GQ. M. D.

23GR. ADDRESS

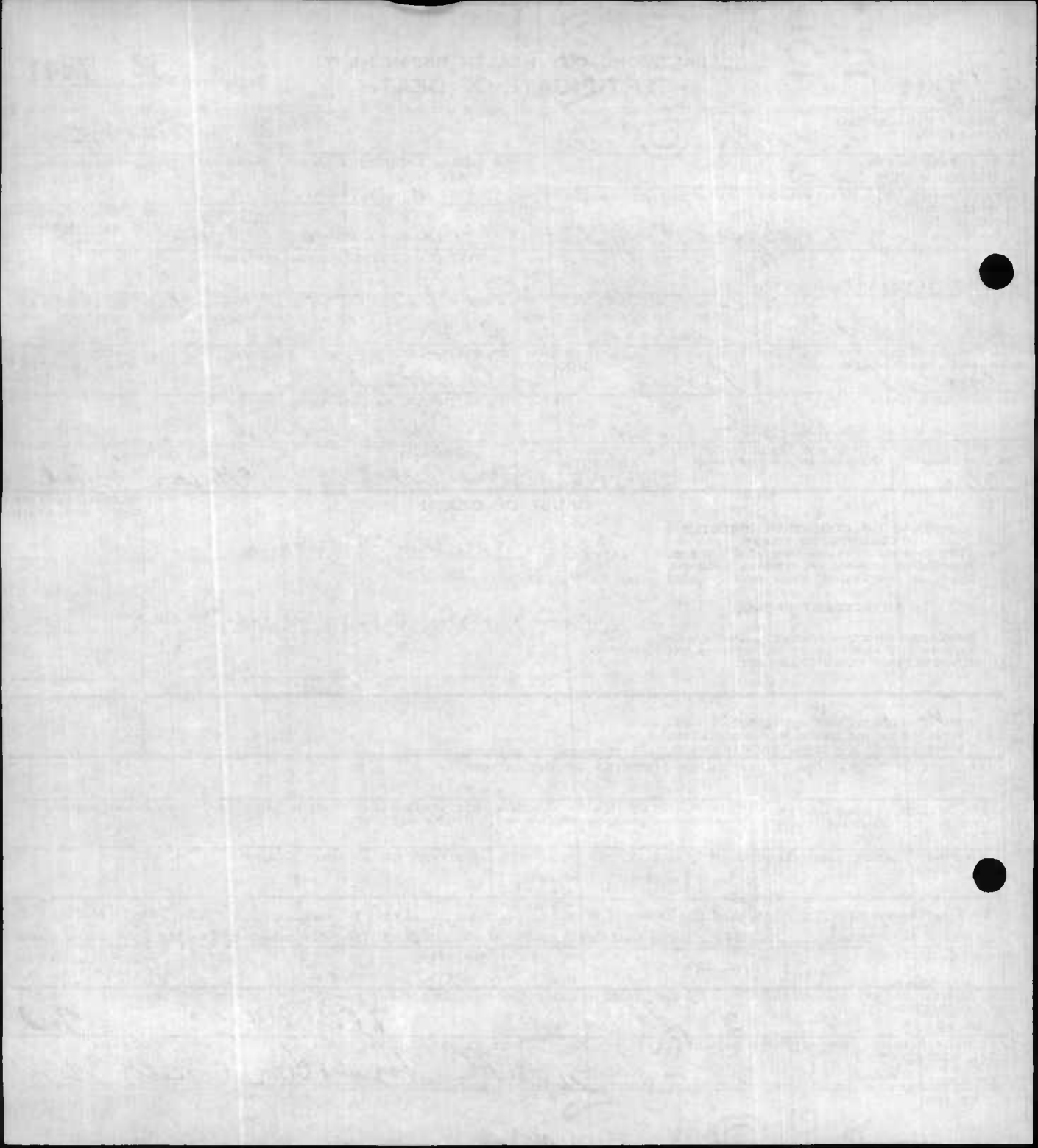
23GS. DATE SIGNED

23GT. M. D.

23GU. ADDRESS

23GV. DATE SIGNED

23GW. M. D.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 7242

BIRTH NO. 7242 Non Res

1. NAME OF DECEASED  
(Type or Print)

DARNELL PERRY

2. DATE  
OF  
DEATH July 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Reisters Lane

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

10-14-1951

9. AGE (In years  
last birthday)H Under 1 Year  
Months: Days

9 17

H Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph E Perry

14. MOTHER'S MAIDEN NAME

Thelma A. Whalen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Joseph E Perry Balto 7 Md

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Congenital heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) Endocardial fibroelastosis

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. E. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER... ☒  
ASSISTANT MEDICAL EXAMINER... ☐  
MEDICAL INVESTIGATOR... ☐23C. DATE SIGNED  
August 1, 195224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

8-4-52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

AUG 1 - 1952

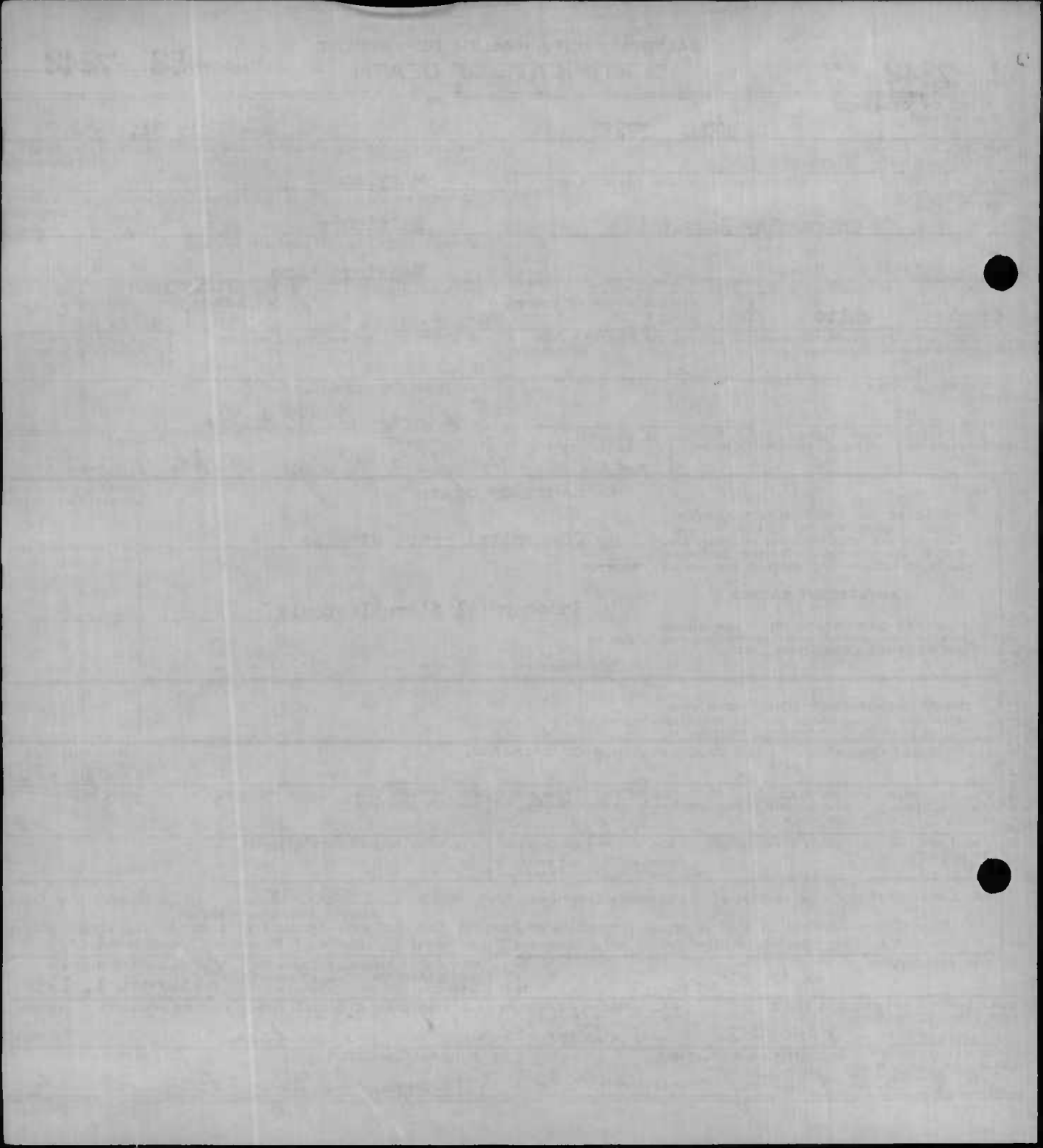
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. C. Hyginbotham, M.D. Elliot City



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7243  
Registered No. \_\_\_\_\_

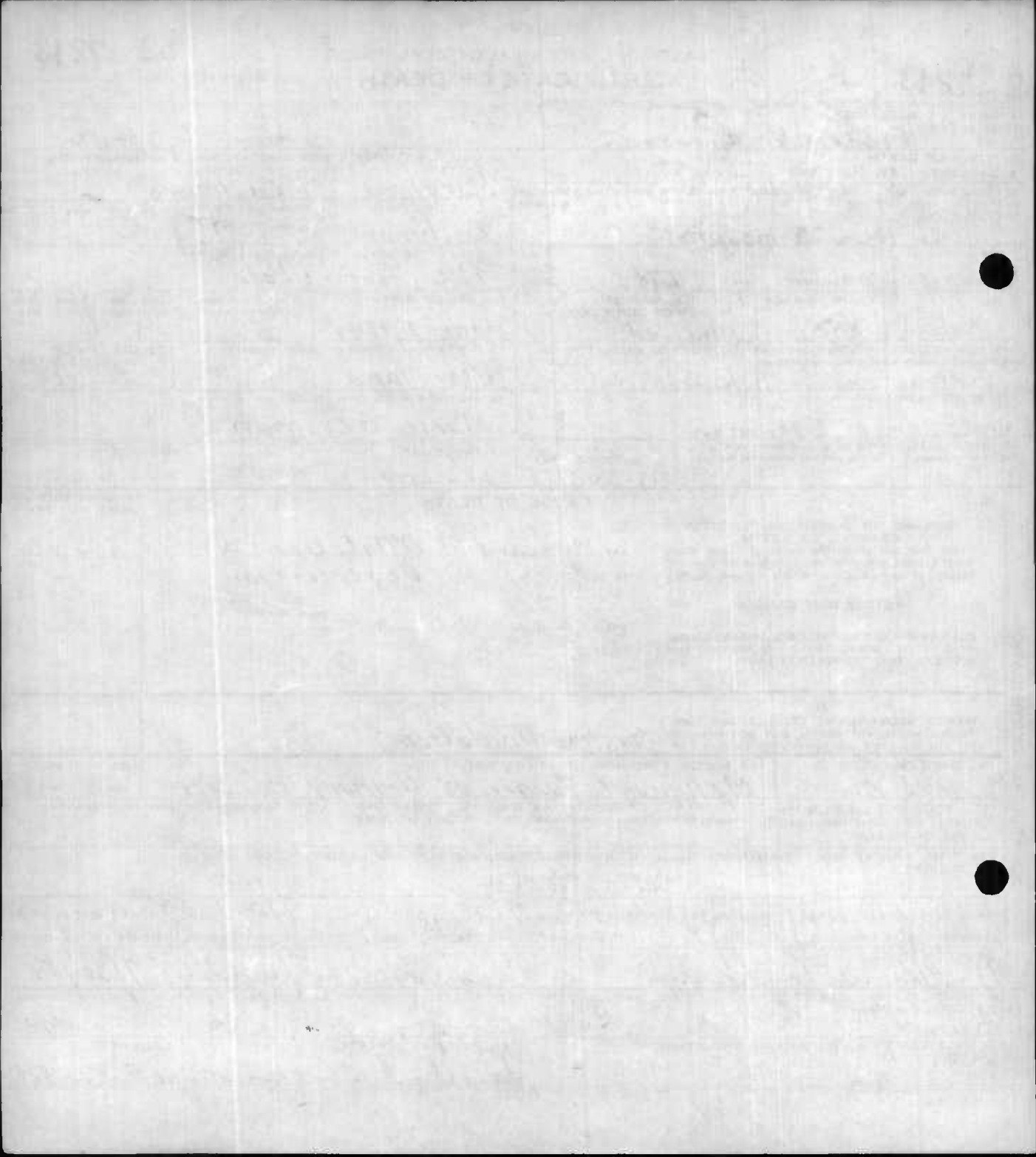
655  
7243  
BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Frederick Eierman</i>		2. DATE OF DEATH <i>7-30-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home &amp; Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>7416 Harford Road</i>		E. LENGTH OF STAY IN BALTIMORE <i>Life</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 4, 1894</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Contractor</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Building</i>	9. AGE (in years last birthday) <i>58</i>
13. FATHER'S NAME <i>J. George Eierman</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO. <i>218-32-3158</i>		17. INFORMANT <i>Mrs. Pearl Eierman</i>	
18. <i>181X</i>		ADDRESS <i>7416 Harford Rd</i>	

18. <i>181X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Myocardial Dilatation &amp; Degeneration</i>		<i>? 5 yrs.</i>	
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Gastric Dilatation;</i>			
19A. DATE OF OPERATION <i>7-22-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Malignant Tumor of Urinary Bladder</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7/21/52</i> 19 <i>52</i> , to <i>7/30/52</i> 19 <i>52</i> , that I last saw the deceased alive on <i>7/30/52</i> 19 <i>52</i> and that death occurred at <i>2-4</i> a.m. from the causes and on the date stated above.					
23A. SIGNATURE <i>H. Samuel G. Harsh</i>		23B. ADDRESS <i>Church Home &amp; Hospital</i>		23C. DATE SIGNED <i>7/30/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8/2/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Gatewood</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Gatewood</i>		24F. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 1 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington W.H.</i>		25. FUNERAL DIRECTOR <i>Larsen Funeral Home</i>	
				ADDRESS <i>7401 Belair Rd</i>	

MEDICAL CERTIFICATION

29024



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7244  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Elizabeth Bopp*

2. DATE  
OF  
DEATH

*7-30-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*4212 Furley Ave.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland* B. COUNTY *Baltimore*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Balto.*

D. STREET ADDRESS (If rural, give location)

*4212 Furley Ave*

5. Length of stay in Baltimore

*27- Yrs.  
Mos.  
Days*

5. SEX

*F*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Married*

8. DATE OF BIRTH

*Jan 3 1900*

9. AGE (In years last birthday)

*52*

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Nursewife*

10B. KIND OF BUSINESS OR INDUSTRY

*at Home*

11. BIRTHPLACE (State or foreign country)

*Baltimore Co.*

12. CITIZEN OF WHAT COUNTRY?

*USA*

13. FATHER'S NAME

*John Marx*

14. MOTHER'S MAIDEN NAME

*Kate Stetler*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*No*

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
*Geo H Bopp 4212 Furley Ave*

18. *345X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

*Terminal disease  
cardiac arrest*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

*multiple sclerosis*

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 1951* to *July 30th 1952* that I last saw the deceased alive on *July 25th 1952* and that death occurred at *8:55 A.M.* on the *30th* and on the date stated above.

23A. SIGNATURE

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*AUG 1 - 1952*

*Huntington Williams, M.D.*

*Lassahn Funeral Home 7401 Balto Rd*



300  
52 7245BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7245  
Registered No.

BIRTH NO.

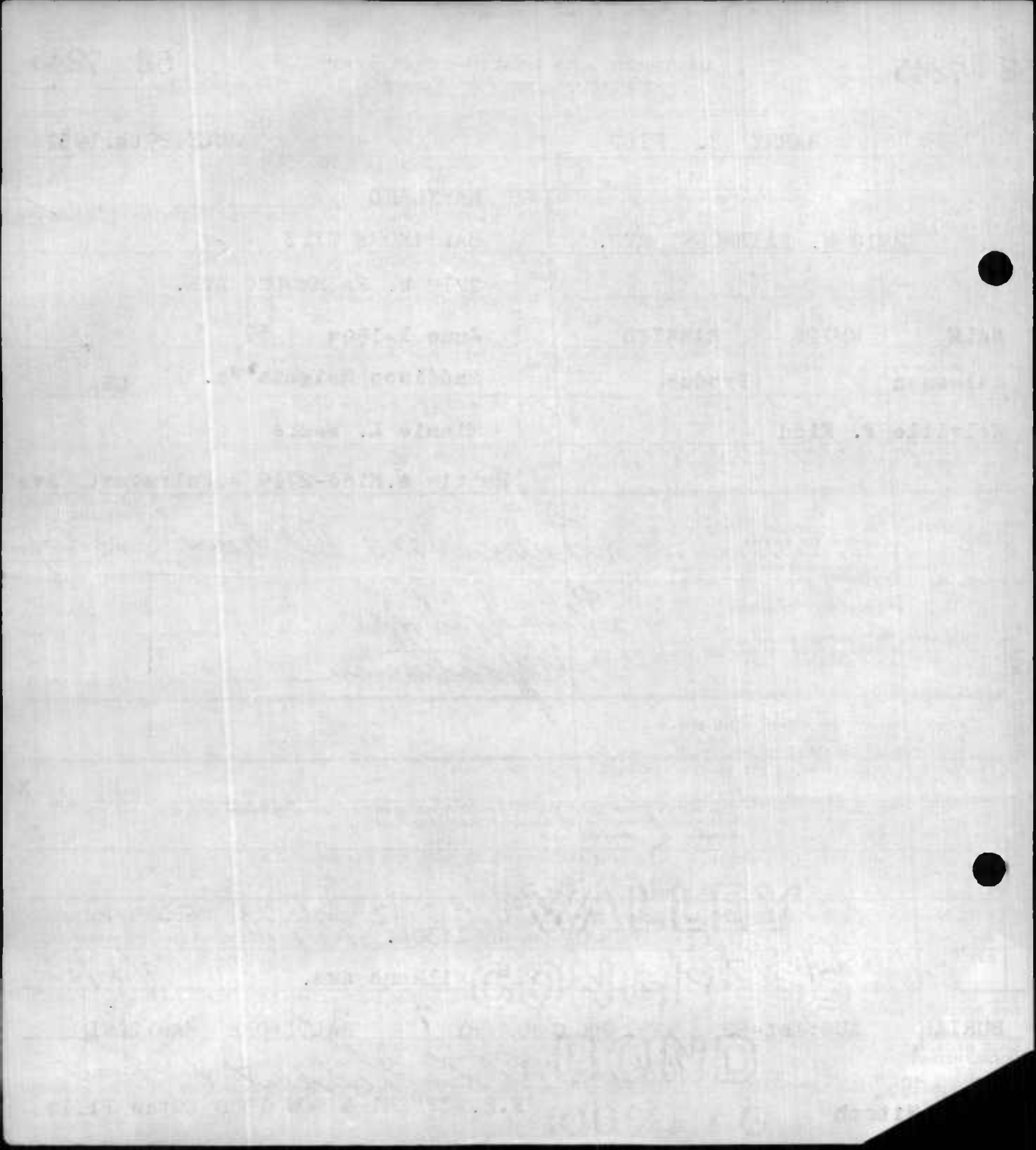
1. NAME OF DECEASED (Type or Print) <b>HARRY E. KIDD</b>		2. DATE OF DEATH <b>JULY 29th. 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2719 W. FAIRMOUNT AVE.</b>		C. CITY OR TOWN (If outside corporate limits, give rural township) <b>BALTIMORE CITY</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2719 W. FAIRMOUNT AVE.</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>June 1-1893</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Produce</b>	9. AGE (In years last birthday) <b>59</b> If Under 1 Year Months Days If Under 24 Hours Hours Min.
11. BIRTHPLACE (State or foreign country) <b>Maddison Heights Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Melville P. Kidd</b>		14. MOTHER'S MAIDEN NAME <b>Minnie L. Ewers</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Hettie E. Kidd</b>		ADDRESS <b>2719 W. Fairmount Ave</b>	

18. <b>334X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Edema</b> DUE TO <b>Thrombophlebitis</b> DUE TO <b>Hypertension</b> DUE TO <b>Hypertension</b>	CAUSE OF DEATH <b>Pulmonary Edema</b> <b>Thrombophlebitis</b> <b>Hypertension</b>	INTERVAL BETWEEN ONSET AND DEATH <b>20 days</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 9, 1952</b> to <b>July 29, 1952</b> that I last saw the deceased alive on <b>July 28, 1952</b> and that death occurred at <b>1:30 A.M.</b> from the causes and on the date stated above.					
A. SIGNATURE <b>Robert E. Hickey</b>		23B. ADDRESS M. D. <b>2151 Wilkens Ave.</b>		23C. DATE SIGNED <b>7/30/52</b>	
24A. NAME OF CEMETERY OR CREMATORY <b>WESTERN CEMETERY</b>		24B. DATE <b>AUG: 1st-52</b>		24C. LOCATION (City, town, or county) (State) <b>BALTIMORE MARYLAND</b>	
24D. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		24E. FUNERAL DIRECTOR <b>F.B. Wippert &amp; Son</b>		24F. ADDRESS <b>1300 Eutaw Pl. 17</b>	

sch

49063



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7246  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>ALEXANDER PISKONOWICZ</b>			2. DATE OF DEATH <b>July 29, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>418 N. Highland Ave.</b>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>26-10</b>		
C. Length of stay in Baltimore <b>42 years</b> Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>418 N. Highland Ave.</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Jan. 18, 1890</b>	9. AGE (In years last birthday) <b>62</b>	10 Under 1 Year Months: _____ Days: _____ 11 Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Furnace Tapper</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Balto. Copper Works</b>	11. BIRTHPLACE (State or foreign country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>Poland</b>
13. FATHER'S NAME <b>Anthony Piskonowicz</b> (14)			14. MOTHER'S MAIDEN NAME <b>unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT _____ ADDRESS _____		

18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  <b>ANTECEDENT CAUSES</b>  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <b>Cerebral vascular accident</b> DUE TO _____ (B) <b>Cerebral arteriosclerosis</b> DUE TO <b>Hypertension.</b> (C) _____	INTERVAL BETWEEN ONSET AND DEATH <b>one week</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) _____ INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>JULY 21, 1952</b> , to <b>JULY 29, 1952</b> , that I last saw the deceased alive on <b>JULY 29, 1952</b> , and that death occurred at <b>3:30 P.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Robert Chennaman</b>		23B. ADDRESS <b>2921 E. Federal St.</b>		23C. DATE SIGNED <b>8-1-52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug. 2, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St. Stanislaus Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>7 2 1300 Dundalk Ave., Balto. Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 1-1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
		25. FUNERAL DIRECTOR <b>Schimunek Funeral Home, Inc.</b> <b>2601-3-5 E. Madison St.</b>	

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 10-10-2001 BY 60322 UCBAW

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7247**

BIRTH NO. **536**

1. NAME OF DECEASED  
(Type or Print)

**EUGENE D. MINTER**

2. DATE  
OF  
DEATH

**July 31, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**University Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

**Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**2012 Ridgehall Avenue**

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**male**

6. COLOR OR RACE

**colored**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

**12-6-50**

9. AGE (in years  
last birthday)

**19**

If Under 1 Year  
Months: Days

If Under 24 hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Johnstown, Pa.**

12. CITIZEN OF  
WHAT COUNTRY?

**U.S.**

13. FATHER'S NAME

**Eugene Minter**

14. MOTHER'S MAIDEN NAME

**Ruth Pollard**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

**Ruth Pollard**

ADDRESS

**2012 Ridgehall Ave.**

18. **E900.0**

**CAUSE OF DEATH**

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) **Cerebral edema**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) **Subdural hemorrhage**

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

**home**

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

**2012 Ridgehall Avenue**

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

**July 31, 1952**

21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

**Fell down stairs**

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**R. S. Fisher**

M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**August 1, 1952**

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

**Burial**

24B. DATE

**8-5-52**

24C. NAME OF CEMETERY OR CREMATORY

**5200 7 Johns Town, Pa**

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

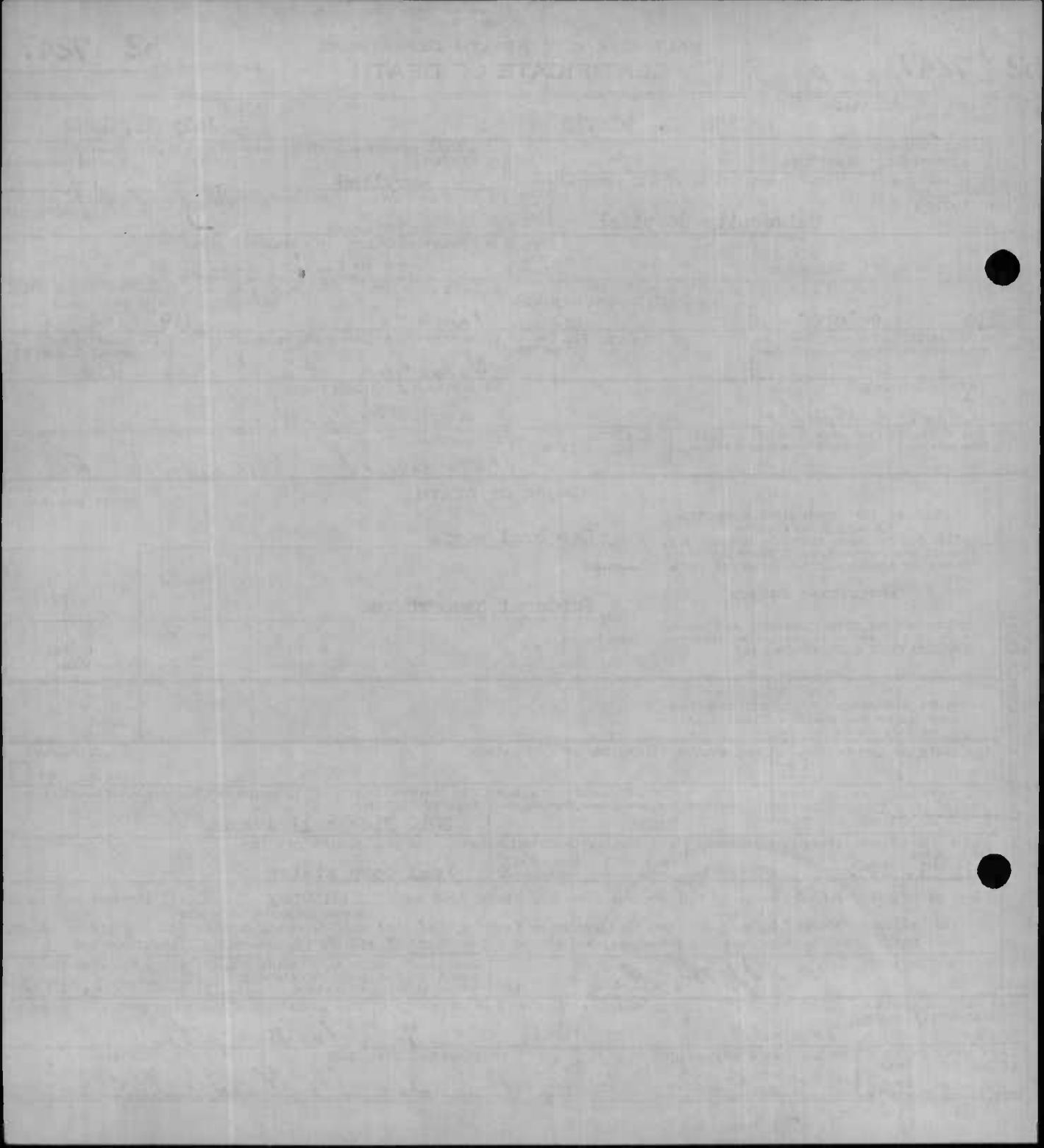
**R. P. Law 802 Madison Ave.**

**AUG 1 - 1952**

V3 151

**N 854.2**

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7248**

**52 7248**

1. NAME OF DECEASED (Type or Print) <b>Eva G. Browne</b>			2. DATE OF DEATH <b>July 30 - 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore Md</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Baltimore</b> B. COUNTY <b>807</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1311 N. Caroline St</b>			C. CITY OR TOWN (If outside corporate limits, write FULLAL and give township) <b>Baltimore City</b>		
C. Length of stay in Baltimore <b>Several years</b>			D. STREET ADDRESS (If rural, give location) <b>1311 N. Caroline St</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct 29</b>		9. AGE (in years last birthday) <b>5-9</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Worker</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Havana Cuba</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13. FATHER'S NAME <b>Joshua Hicks</b>			14. MOTHER'S MAIDEN NAME <b>Ellen ?</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Dr C. E. Browne</b> ADDRESS <b>1311 N. Caroline St</b>		

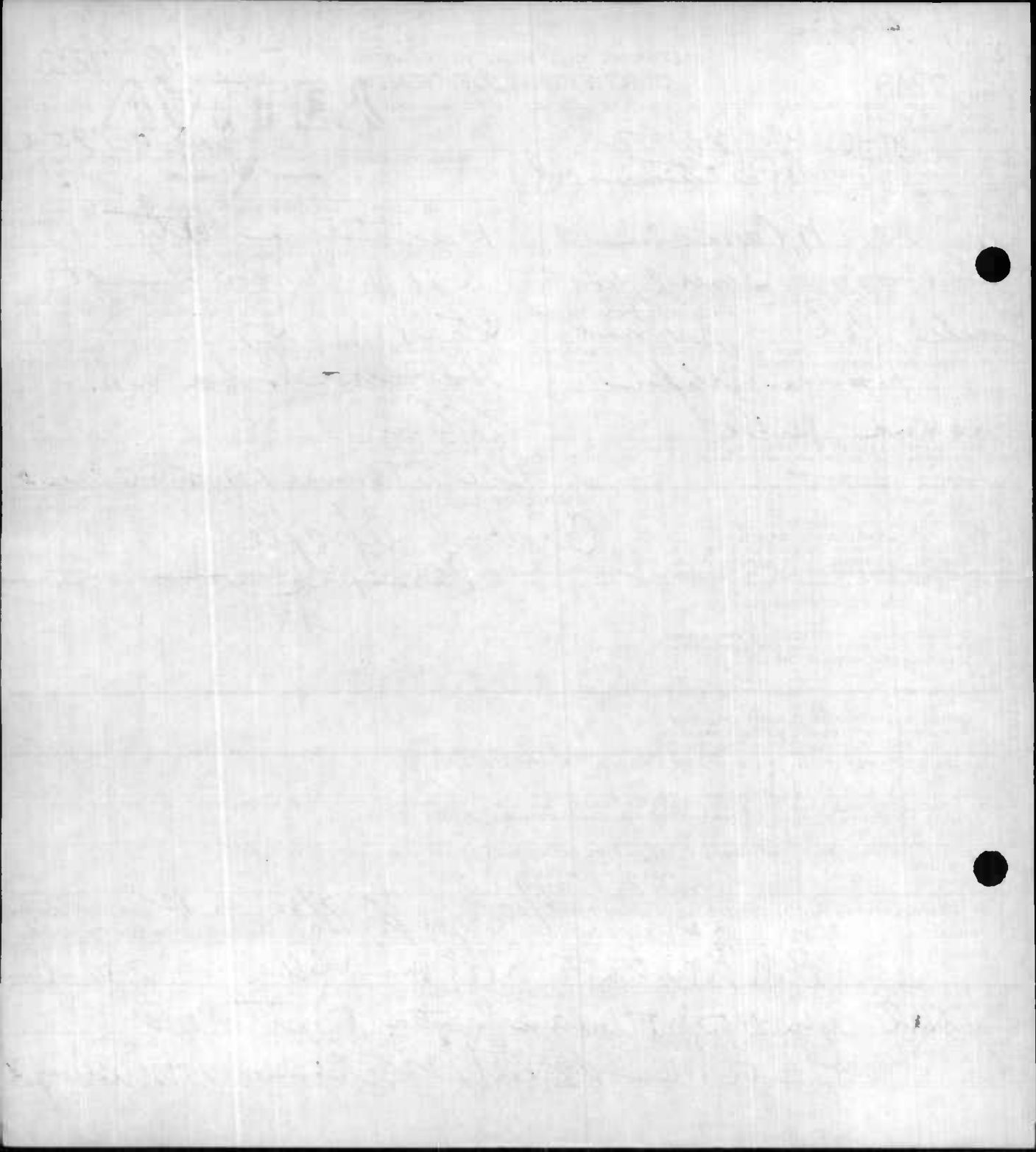
18. <b>334 X</b>	CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <b>Cerebral Apoplexy</b> DUE TO <b>Paralysis</b>
ANTECEDENT CAUSES	(B) _____ DUE TO _____
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) _____ DUE TO _____
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **6/10**, 19**52**, to **7/30**, 19**52**, that I last saw the deceased alive on **7/30**, 19**52**, and that death occurred at **2:45 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>B.M. R. Letta Jr</b>	23B. ADDRESS <b>2135 Dunham Hill</b>	23C. DATE SIGNED <b>7/30-52</b>
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug 3 - 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Int. Lutheran Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 1 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Robert Williams</b> ADDRESS <b>1515 McElderry St</b>	



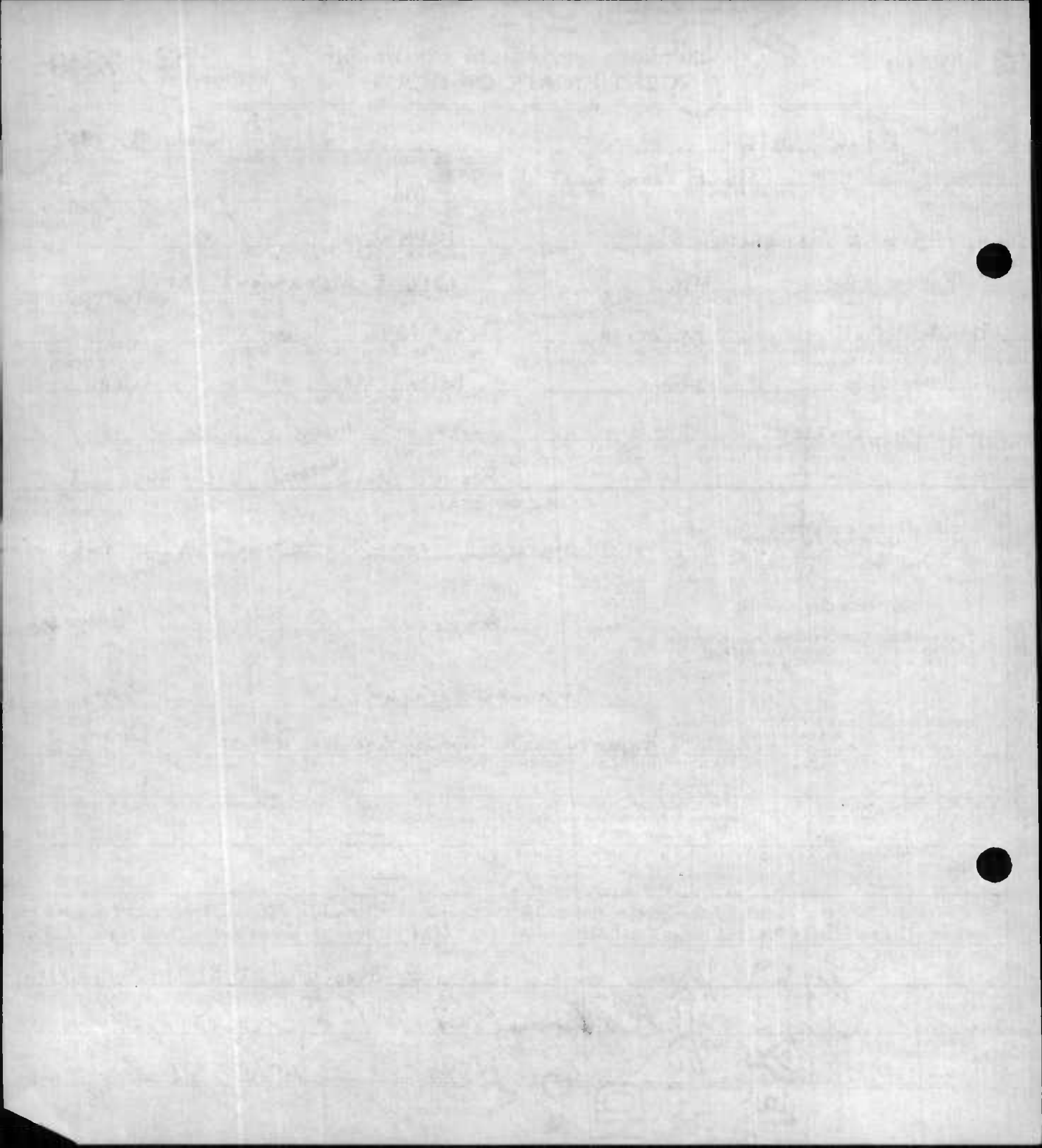
500 400  
52 7249

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7249  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Edna Main</b>		2. DATE OF DEATH <b>July 30 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>1316 E Monument St</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1316 E Monument St.</b>		C. CITY OR TOWN (If outside corporate limits, give township) <b>Baltimore</b>			
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1316 E Monument St.</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June? 1892</b>	9. AGE (In years, last birthday) <b>60</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Balta, Md.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Joseph Butler</b>			
14. MOTHER'S MAIDEN NAME <b>Sarah Wilson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Frank. Main (Husband)</b> ADDRESS <b>1316 E Monument St</b>			
18. <b>592X</b>		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Urinary Toxemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1wk</b>	
DUE TO		(B) <b>Anuria</b>		<b>3days</b>	
ANTECEDENT CAUSES		(C) <b>Chronic Nephritis</b>		<b>2yrs</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <b>Hypertensive Cardio-Vascular Disease</b>		<b>4yrs</b>	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			
21B. PLACE OF INJURY (e. g., lo or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>January, 1952</b> , to <b>July 30, 1952</b> , that I last saw the deceased alive on <b>July 29, 1952</b> , and that death occurred at <b>4A. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Ralph J. Young</b>		23B. ADDRESS <b>1532 E Monument St</b>		23C. DATE SIGNED <b>July 31 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>Aug 2-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Dea. B. hof</b>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <b>Huntington Williams</b> ADDRESS <b>1515 M. St. lery st</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 1 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>			

MEDICAL CERTIFICATION



T 460  
52 7250BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7250  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Benjamin Tyler</i>		2. DATE OF DEATH <i>7-31-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>503 Roundview Rd.</i>		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <i>Baltimore (Cherry Hill)</i>	
D. STREET ADDRESS (If rural, give location) <i>503 Roundview Road</i>		E. LENGTH OF STAY IN BALTIMORE <i>4 years</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug. 18, 1871</i>
9. AGE (In years last birthday) <i>81 yrs</i>		10. UNDER 1 Year Months: <i>11</i> Days: <i>13</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer - Navy Yard</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	
11. BIRTHPLACE (State or foreign country) <i>Falls Church, Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Ruben Tyler</i>		14. MOTHER'S MAIDEN NAME <i>Annie Ferguson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>yes</i>		16. SOCIAL SECURITY NO. <i>1892-1895-1896-1899 None</i>	
17. INFORMANT <i>Grace Carter</i>		ADDRESS <i>Same</i>	

18. <i>420.0 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Nephritis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic Heart Disease 2 years</i> <i>Senility</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Cataract Rt. eye.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>
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19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>July 20, 1952</i> to <i>July 31, 1952</i> that I last saw the deceased alive on <i>July 31, 1952</i> , and that death occurred at <i>5:30 P.M.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>J. M. L. Luck</i> M.D.		23B. ADDRESS <i>427 Swale one</i>		23C. DATE SIGNED <i>7-31-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Aug 5, 52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arlington Heights Cemetery, Va.</i>		24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 1 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Isaiah L. Brown Son</i> <i>1086 Montgomery St</i>

CERTIFICATE OF DEATH

STATE OF NEW YORK



DECEASED  
NAME  
AGE  
SEX  
RACE  
DATE OF BIRTH  
DATE OF DEATH  
PLACE OF DEATH  
CAUSE OF DEATH  
MANNER OF DEATH  
SIGNATURE OF PHYSICIAN  
SIGNATURE OF REGISTRAR  
LOCALITY  
COUNTY  
STATE

C-1 620 7251

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7251  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EUGENE COOPER

2. DATE  
OF  
DEATH

July 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
location)HOSPITAL OR  
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

472 Cummings Court

11-84

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb 28, 1885

9. AGE (in years  
last birthday)

67

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Sanitor

10B. KIND OF BUSINESS OR  
INDUSTRY

Public School

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard S Cooper

14. MOTHER'S MAIDEN NAME

Lydia Byrd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Monzella Cooper

ADDRESS 472  
Cummings Ct

18. 151X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of stomach

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

July 31, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

August 4, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial

24D. LOCATION (City, town, or county)

Arbutus Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Wilcox

25. FUNERAL DIRECTOR

ADDRESS

322 N. ...

AUG 1 - 1952

VS 151

Huntington Wilcox

7508V

MEDICAL CERTIFICATION

DEPARTMENT OF THE ARMY

OFFICE OF THE ADJUTANT GENERAL

13-420  
52 7252

52 7252

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Hattie Bulls

2. DATE  
OF  
DEATH

July 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Provident Hosp. Tal

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE B. COUNTY  
Balt. Md. MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore, Md.D. STREET ADDRESS (If rural, give location)  
1002 W. Lexington ST/18-02

C. Length of stay in Baltimore

25 Yrs

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 3, 1903

9. AGE (in years  
last birthday)

49

If Under 1 Year  
Months Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Darlington S.C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Americus Scott

14. MOTHER'S MAIDEN NAME

Lula Bruce

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Dorothy Moseley 1002 W. Lexington ST.

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Congestive Heart Failure

Interval between  
onset and death

3 hrs &amp; 45 min

DUE TO

ANTECEDENT CAUSES

(B)

Hypertension

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
TO DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

(Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐I certify that I attended the deceased from July 28, 1952 to July 28, 1952, that I last saw the  
deceased on July 28, 1952, and that death occurred at 8:00 p. m., from the causes and on the date stated above.23A. SIGNATURE OF  
REGISTRAR

23B. ADDRESS

23C. DATE SIGNED

24A. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

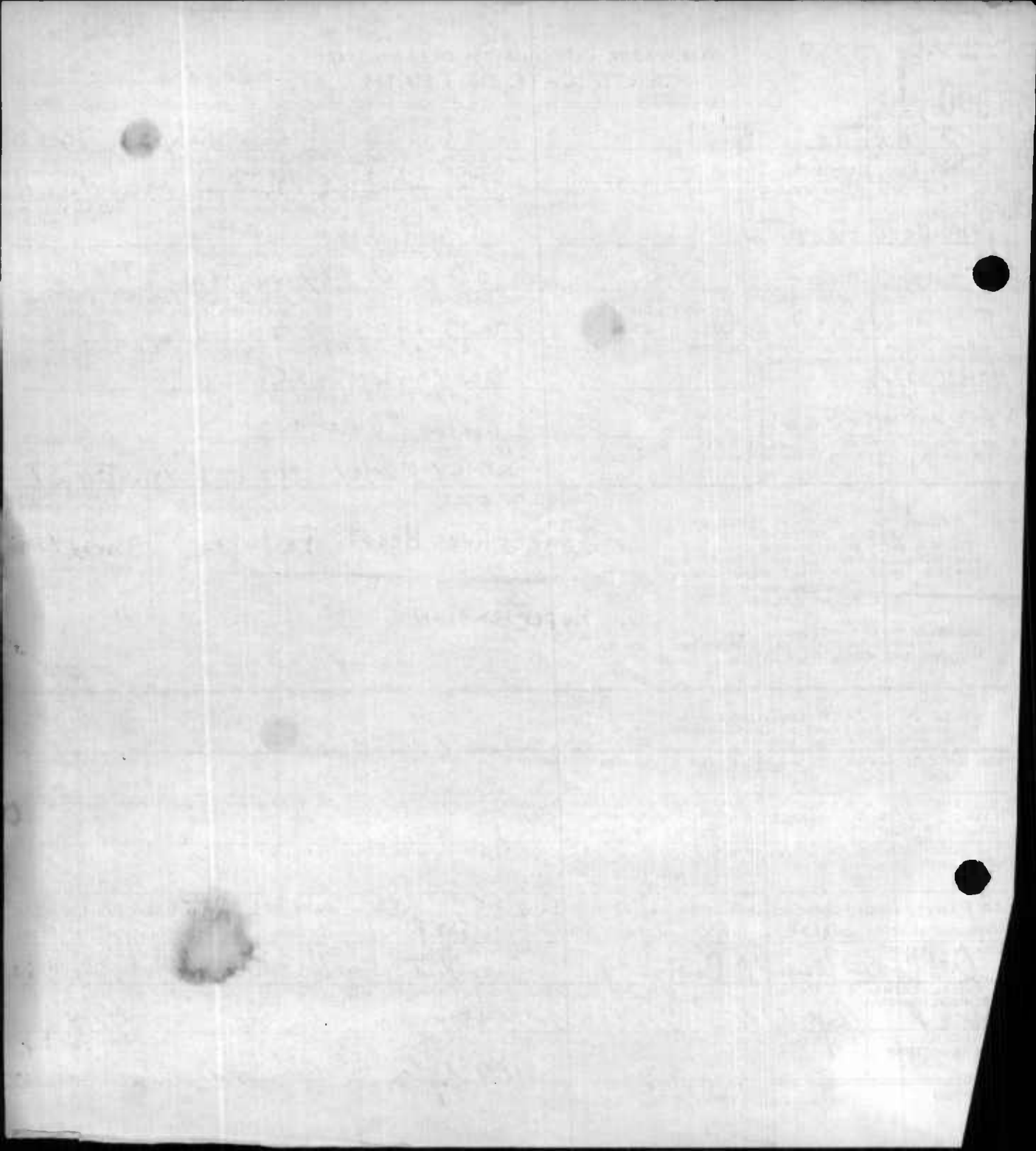
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington W. Williams, Jr.

Mrs. Katie R. Williams, Schuylkill



5-350  
52 7253BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7253  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Mattie Sidney</i>		2. DATE OF DEATH <i>7/28/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>MD.</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>815 W Franklin St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>17-03</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>815 W Franklin St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>5/10/1877</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>75</i>
11. BIRTHPLACE (State or foreign country) <i>Laasonville Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John Wicks</i>		14. MOTHER'S MAIDEN NAME <i>Florence ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Clie Wicks</i>		ADDRESS <i>1938 W. Lankford St.</i>	

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Anterolateral Heart Disease</i>	CAUSE OF DEATH (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7/21/52*, 19*52*, to *7/28/52*, that I last saw the deceased alive on *7/21/52*, and that death occurred at *7 A* m., from the causes and on the date stated above.

23A. SIGNATURE <i>W. G. ...</i>		23B. ADDRESS <i>25 S. ...</i>		23C. DATE SIGNED <i>7/31/52</i>	
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24B. DATE <i>Aug. 1, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. ...</i>	24D. LOCATION (City, town, or county)	(State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>	
VS 150		ADDRESS <i>322 S. ...</i>			

1955

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of mortuary		17. Signature of funeral home		18. Signature of funeral society	
19. Signature of funeral association		20. Signature of funeral union		21. Signature of funeral league	
22. Signature of funeral club		23. Signature of funeral guild		24. Signature of funeral society	
25. Signature of funeral association		26. Signature of funeral union		27. Signature of funeral league	
28. Signature of funeral club		29. Signature of funeral guild		30. Signature of funeral society	
31. Signature of funeral association		32. Signature of funeral union		33. Signature of funeral league	
34. Signature of funeral club		35. Signature of funeral guild		36. Signature of funeral society	
37. Signature of funeral association		38. Signature of funeral union		39. Signature of funeral league	
40. Signature of funeral club		41. Signature of funeral guild		42. Signature of funeral society	
43. Signature of funeral association		44. Signature of funeral union		45. Signature of funeral league	
46. Signature of funeral club		47. Signature of funeral guild		48. Signature of funeral society	
49. Signature of funeral association		50. Signature of funeral union		51. Signature of funeral league	
52. Signature of funeral club		53. Signature of funeral guild		54. Signature of funeral society	
55. Signature of funeral association		56. Signature of funeral union		57. Signature of funeral league	
58. Signature of funeral club		59. Signature of funeral guild		60. Signature of funeral society	
61. Signature of funeral association		62. Signature of funeral union		63. Signature of funeral league	
64. Signature of funeral club		65. Signature of funeral guild		66. Signature of funeral society	
67. Signature of funeral association		68. Signature of funeral union		69. Signature of funeral league	
70. Signature of funeral club		71. Signature of funeral guild		72. Signature of funeral society	
73. Signature of funeral association		74. Signature of funeral union		75. Signature of funeral league	
76. Signature of funeral club		77. Signature of funeral guild		78. Signature of funeral society	
79. Signature of funeral association		80. Signature of funeral union		81. Signature of funeral league	
82. Signature of funeral club		83. Signature of funeral guild		84. Signature of funeral society	
85. Signature of funeral association		86. Signature of funeral union		87. Signature of funeral league	
88. Signature of funeral club		89. Signature of funeral guild		90. Signature of funeral society	
91. Signature of funeral association		92. Signature of funeral union		93. Signature of funeral league	
94. Signature of funeral club		95. Signature of funeral guild		96. Signature of funeral society	
97. Signature of funeral association		98. Signature of funeral union		99. Signature of funeral league	
100. Signature of funeral club		101. Signature of funeral guild		102. Signature of funeral society	

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7254**

BIRTH NO.

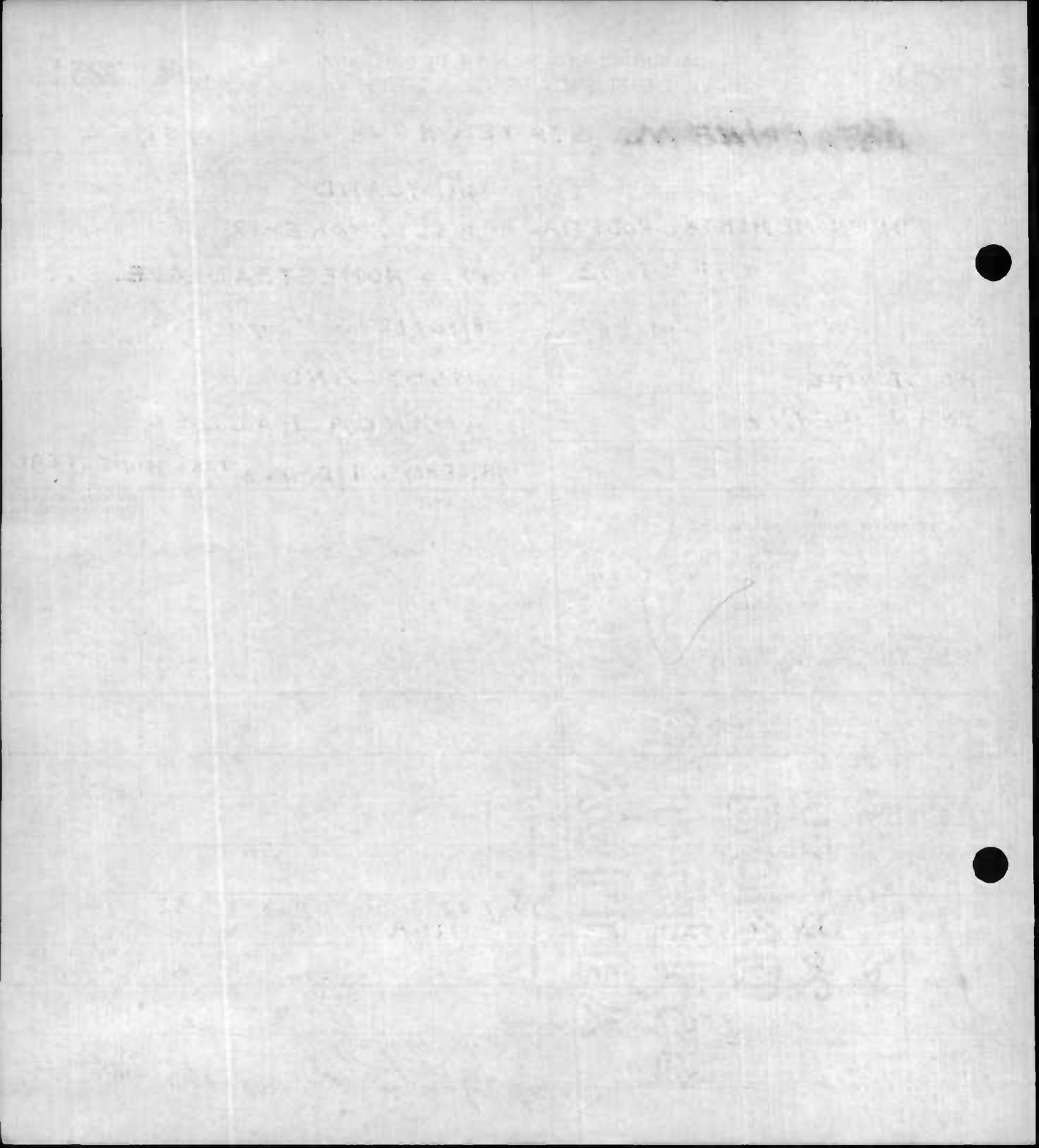
1. NAME OF DECEASED (Type or Print) <b>KATHERINE M. SCHUERHOLZ</b>		2. DATE OF DEATH <b>7/31/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE-18 9-07</b>	
C. Length of stay in Baltimore <b>LIFETIME</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1734 HOMESTEAD <del>AVE</del> ST.</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>8/10/1876</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>75</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <b>JOHN HEINZ</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b> (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. <b>NONE</b>		14. MOTHER'S MAIDEN NAME <b>AMANDA PALMER</b>	
17. INFORMANT <b>MR. LEROY SCHUERHOLZ</b>		ADDRESS <b>1764 HOMESTEAD ST.</b>	

18. <b>420.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Anteriosclerotic Heart Disease</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>✓</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>JULY 27, 1952</b> to <b>JULY 31, 1952</b> that I last saw the deceased alive on <b>JULY 30, 1952</b> , and that death occurred at <b>7:37A</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Esse D. Hubbard</b> M. D.		23B. ADDRESS <b>Union Memorial Hosp.</b>		23C. DATE SIGNED <b>July 31, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>Aug. 4, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		(State)			
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 1 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Fred. H. Cole</b> ADDRESS <b>1913 W. Batts. St.</b>	

VS 150

MEDICAL CERTIFICATION



562  
52 7255

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7255  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Mary G. Bonarrigo		July 30, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE Maryland	
2228 Harford Ave.		B. COUNTY	
C. LENGTH OF STAY IN BALTIMORE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
30 years		Baltimore	
D. YRS. MOS. DAYS		D. STREET ADDRESS (If rural, give location)	
		2228 Harford Ave.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
F	W	Married	Dec. 28, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Housewife		at home	75
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Italy		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Vincenzo Cusimano		Carmela Guarino	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
no		none	
17. INFORMANT		ADDRESS	
Nunzio Bonarrigo		2228 Harford Ave.	

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Carcinoma of Stomach DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 year	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
		Carcinoma of Stomach		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. I hereby certify that I attended the deceased from June 19, 1952 to July 30, 1952 that I last saw the deceased alive on July 29, 1952 and that death occurred at 2 P. M., from the causes and on the date stated above.		23A. SIGNATURE H. Himmels		23B. ADDRESS Medical Arts Bldg	
23C. DATE SIGNED 7/31/52		24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
		Burial		Aug. 1, 1952	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR	
New Cathedral		Baltimore, Maryland		Charles F. Evans & Son	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS	
AUG 1 - 1952		Huntington Williams, M.D.		112 W. Mt. Royal Ave.	

MEDICAL CERTIFICATION

Dr. Tuminello  
511 Med. Arts Building

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 7256

525  
52 7256  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>LAWRENCE Perry Johnson</b>			2. DATE OF DEATH <b>July 29, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>South Baltimore General Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 3-02</b>		
D. STREET ADDRESS (If rural, give location) <b>126 S. Eden Street</b>			E. LENGTH OF STAY IN BALTIMORE <b>9 yrs</b> Yrs. Mos. Days		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>March 6, 1942</b>	9. AGE (In years last birthday) <b>10 yrs</b>	10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>school</b>		
11. BIRTHPLACE (State or foreign country) <b>Va</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Clifton Johnson</b>			14. MOTHER'S MAIDEN NAME <b>Elizabeth Perry</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>"</b>			ADDRESS <b>Perry mother</b>		

**CAUSE OF DEATH**

18. <b>E929.8</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Drowning</b> DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Harbor</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Foot of Barre and Light Streets</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>July 29, 1952 10:00 P.M.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Drowned while swimming</b>

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. [Signature]</i>	23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <b>July 30, 1952</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>July 31st Mt Calvary</b>	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) <b>Brooklyn Md</b>
--	-----------	------------------------------------	---

DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 1 - 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <b>Chas O Wilson</b>	ADDRESS <b>Prantley</b>
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VS 151 **N990X** **1600**

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7257**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**WILLIAM B. GRANT**

2. DATE  
OF  
DEATH

**July 29, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

**Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**Baltimore City Morgue**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1019 Warner Street**

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**male**

6. COLOR OR RACE

**colored**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**Widowed**

8. DATE OF BIRTH

**April-18-1900**

9. AGE (In years  
last birthday)

**52**

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Laborer**

10B. KIND OF BUSINESS OR INDUSTRY

**Railroad**

11. BIRTHPLACE (State or foreign country)

**Virginia**

12. CITIZEN OF  
WHAT COUNTRY?  
**U.S.A.**

13. FATHER'S NAME

**Hunter Grant**

14. MOTHER'S MAIDEN NAME

**Martha Jones**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

**Annie Brown Calvert CO.MD.**

18. **002X**

**CAUSE OF DEATH**

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary tuberculosis**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*B. F. Fisher*

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

**July 29, 1952**

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

**Burial**

24B. DATE

**8/2/1952**

24C. NAME OF CEMETERY OR CREMATORY

**Mt Calvary Cem.**

24D. LOCATION (City, town, or county)

**Brooklyn Md.**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Elmer Williams 1100 Bunting St*

ADDRESS

52-1900

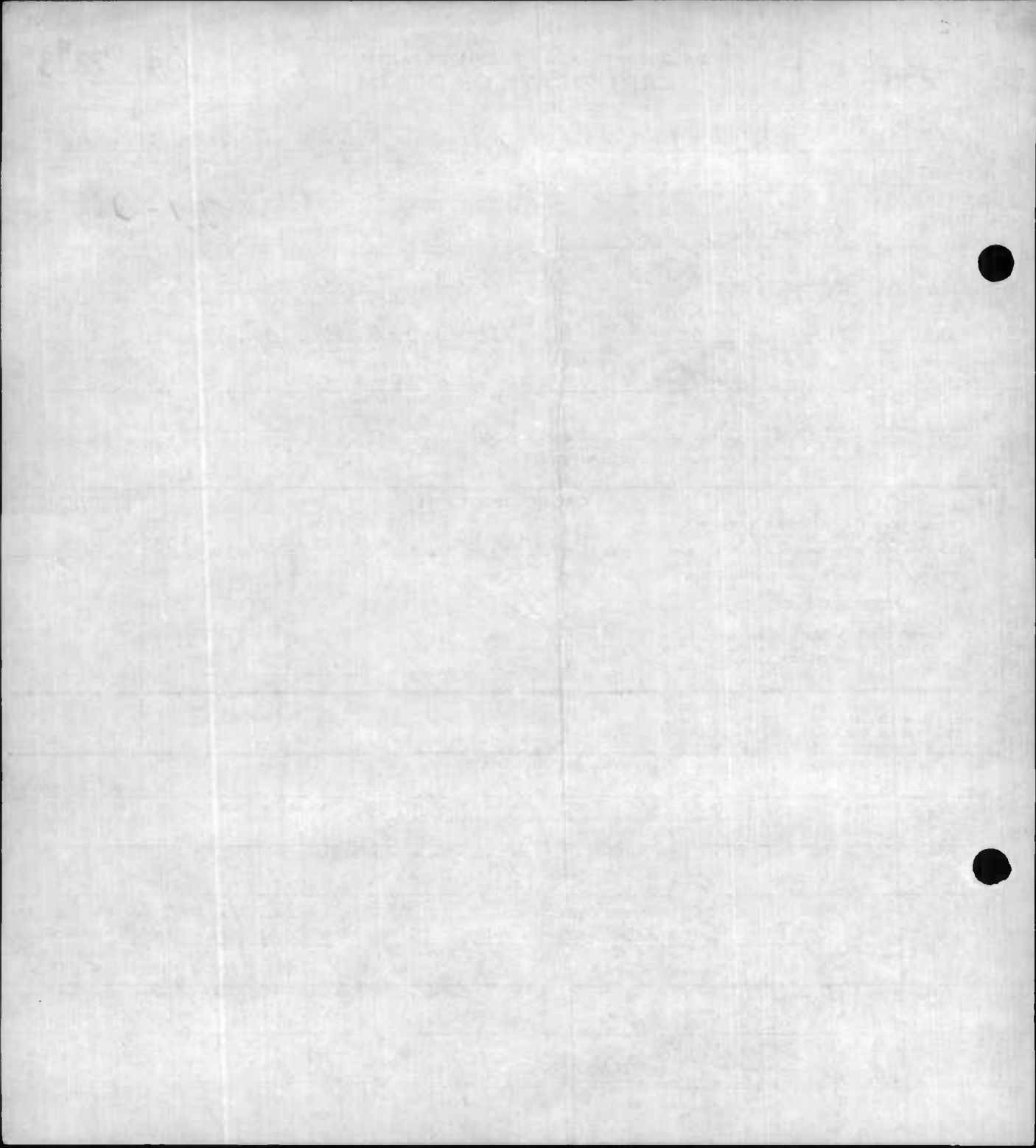
630  
52 7258

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7258

1. NAME OF DECEASED (Type or Print) <i>Maria Williams Garrett</i>		2. DATE OF DEATH <i>July 29, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>913 Denver St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>21-01</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>913 Denver St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>March 9, 1934</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>School</i>	9. AGE (in years last birthday) <i>18</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Lincoln Garrett</i>		14. MOTHER'S MAIDEN NAME <i>Florence Williams</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mother</i>		ADDRESS <i>913 Denver St</i>	
18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary Tuberculosis?</i> (A) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 9, 1934</i> , to <i>July 29, 1952</i> , that I last saw the deceased alive on <i>July 23, 1952</i> , and that death occurred at <i>99 m.</i> from the causes and on the date stated above.			
23A. SIGNATURE <i>W. B. Johnson</i>		23B. ADDRESS <i>403 Med Arts Bldg 7-752</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8/1/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>mt Calvary Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 1 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	
25. FUNERAL DIRECTOR <i>Elroy Wilson</i>		ADDRESS <i>100 Buxton</i>	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 7259

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>George J. Lomp</b>			2. DATE OF DEATH <b>July 31st., 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> COUNTY <b>City</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1129 Valley Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>1129 Valley Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 18 th 1882</b>		9. AGE (In years last birthday) <b>69</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Superintendent (Retired) Rug Mfg. Co.</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>George Lomp</b>			14. MOTHER'S MAIDEN NAME <b>Anna Tritruf</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mr. Matthew J. Lomp-907 Locustvale Road</b>		

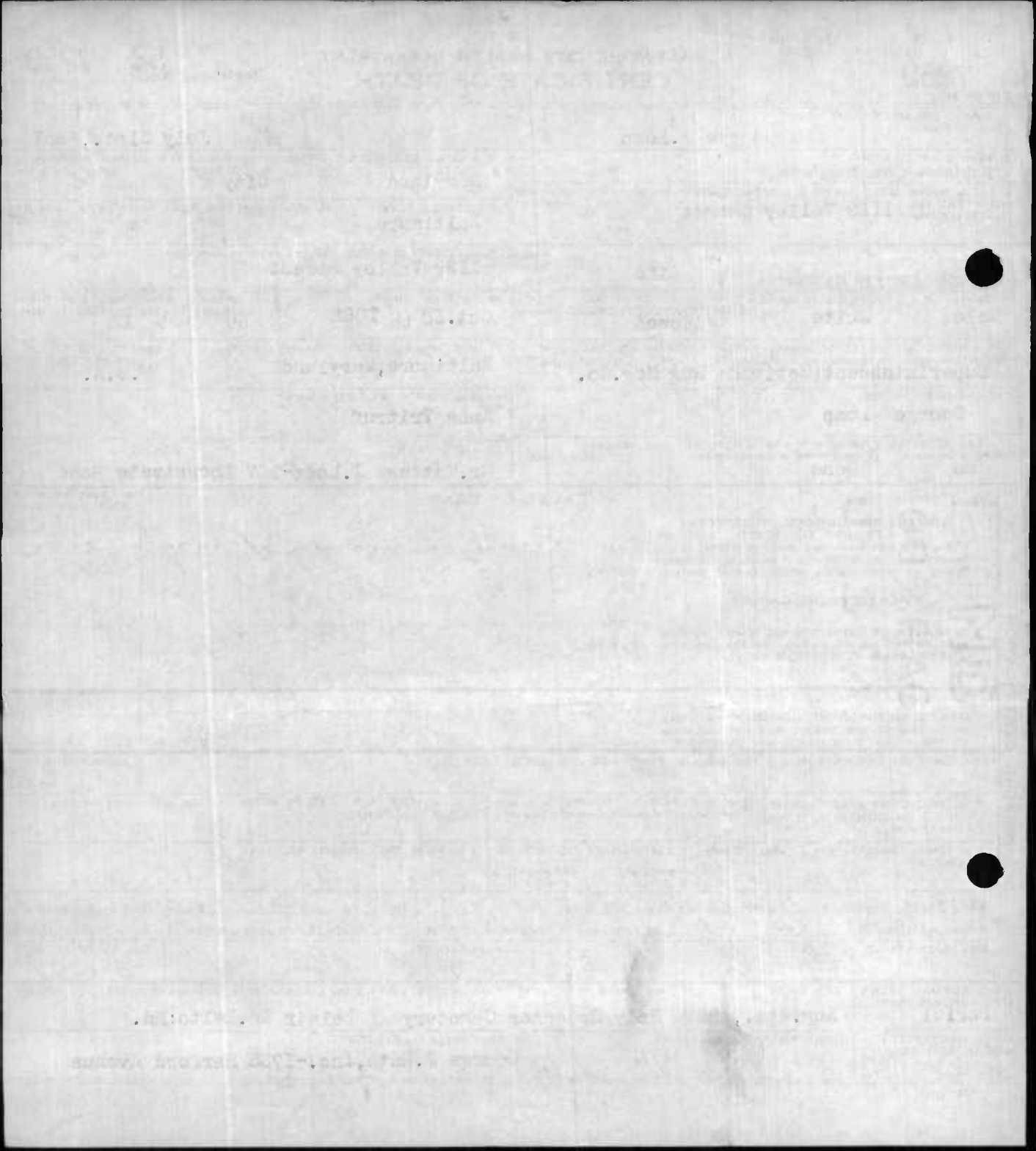
18. <b>162x</b> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pneumonia of lung</b>		<b>3 yrs</b>
DUE TO (A) _____		
DUE TO (B) _____		
DUE TO (C) _____		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7-1-52</b> , 19__, to <b>7-31</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7-30</b> , 19 <b>52</b> , and that death occurred at <b>11 a.</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>P. D. Lomp</b>		23B. ADDRESS <b>11 E. Lomp St.</b>		23C. DATE SIGNED <b>8-1-52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Aug. 4th., 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Belair Rd. Balto: Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 1 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR ADDRESS <b>George J. Ruth, Inc. - 1735 Harford Avenue</b>

19520007259  
29040

MEDICAL CERTIFICATION



520  
52 7260BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHX 52 7260  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)Linn  
MARGARET POTTER YOUNG2. DATE  
OF  
DEATH

7/31/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

UNION MEMORIAL HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
a. STATE before admission)

Md

b. COUNTY

Baltimore

c. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Ruxton

d. STREET ADDRESS (If rural, give location)

DARNELL RD.

5300

e. Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

L. Dow Potter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

?

?

16. SOCIAL  
SECURITY NO.

?

8. DATE OF BIRTH

APR 20, 1921

9. AGE (in years;  
last birthday)

31

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

KENTUCKY

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

JACKSON

17. INFORMANT Andrew J. Young, 3rd ADDRESS  
HUSBAND SAME Ruxton, Md.

18. 330X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Sub-arachnoid hemorrhage 2 da

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

MEDICAL CERTIFICATION

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 25, 1952, to JULY 31, 1952, that I last saw the  
deceased alive on JULY 31, 1952, and that death occurred at 9:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles K. MacKulay M. D.

23B. ADDRESS

Union Mem. Hosp.

23C. DATE SIGNED

July 31, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug-2-1952

24C. NAME OF CEMETERY OR CREMATORY

St. Marys Churchyard

24D. LOCATION (City, town, or county) (State)

Emmorton, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

AUG 1 1952

REGISTRAR'S SIGNATURE:

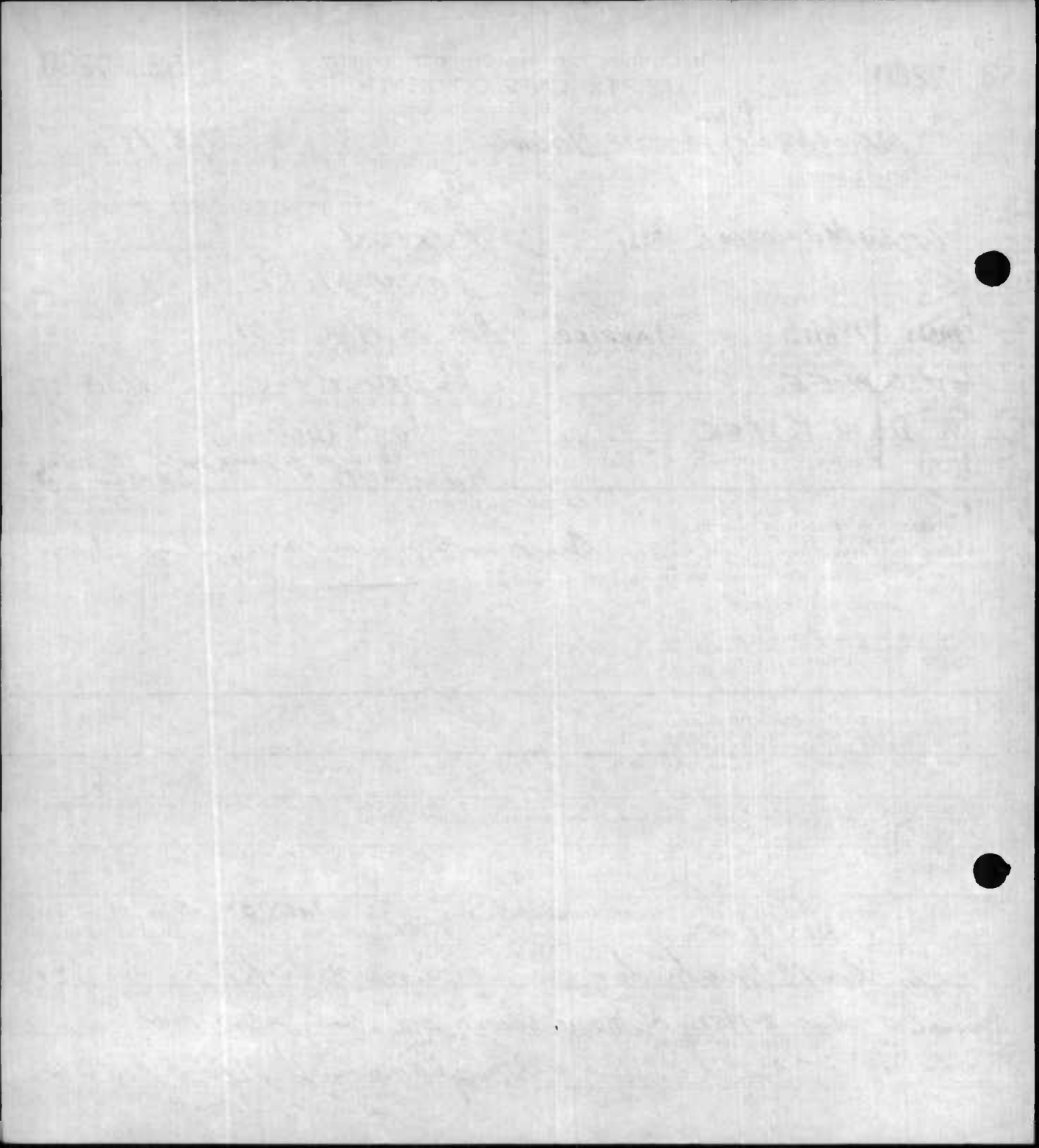
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Stewart &amp; Morgan Co., 108 W. North Ave.

ADDRESS

City #1.



H-520

52 7261

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7261  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES T. HENNICK

2. DATE  
OF  
DEATH

8-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE, MD.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE 15-38D. STREET ADDRESS (If rural, give location)  
3408 SPRINGDALE AVE

C. Length of stay in Baltimore

86 Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
WIDOWED

8. DATE OF BIRTH

9-12-1866 ✓

9. AGE (in years  
last birthday)

85 ✓

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

BOOKKEEPER

10B. KIND OF BUSINESS OR  
INDUSTRY

CAN. MFG.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN HENNICK

14. MOTHER'S MAIDEN NAME

? ~~SAG~~ JONES15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

220.01.2236

17. INFORMANT

ADDRESS

MISS G. INOGENE HENNICK 3408 SPRINGDALE AVE

18. 55010

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) PULMONARY OEDEMA

DUE TO

2 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) POST-OPERATIVE (APPENDICITOMY)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7-29-52

19B. MAJOR FINDINGS OF OPERATION

APPENDICITIS

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-28, 1952, to 8-1, 1952, that I last saw the  
deceased alive on 8-1, 1952, and that death occurred at 4:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Barry J. Plunkett Jr.

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

8-1-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

8/4/52

24C. NAME OF CEMETERY OR CREMATORY

LODDON PK. CEM.

24D. LOCATION (City, town, or county) (State)

BALTIMORE MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

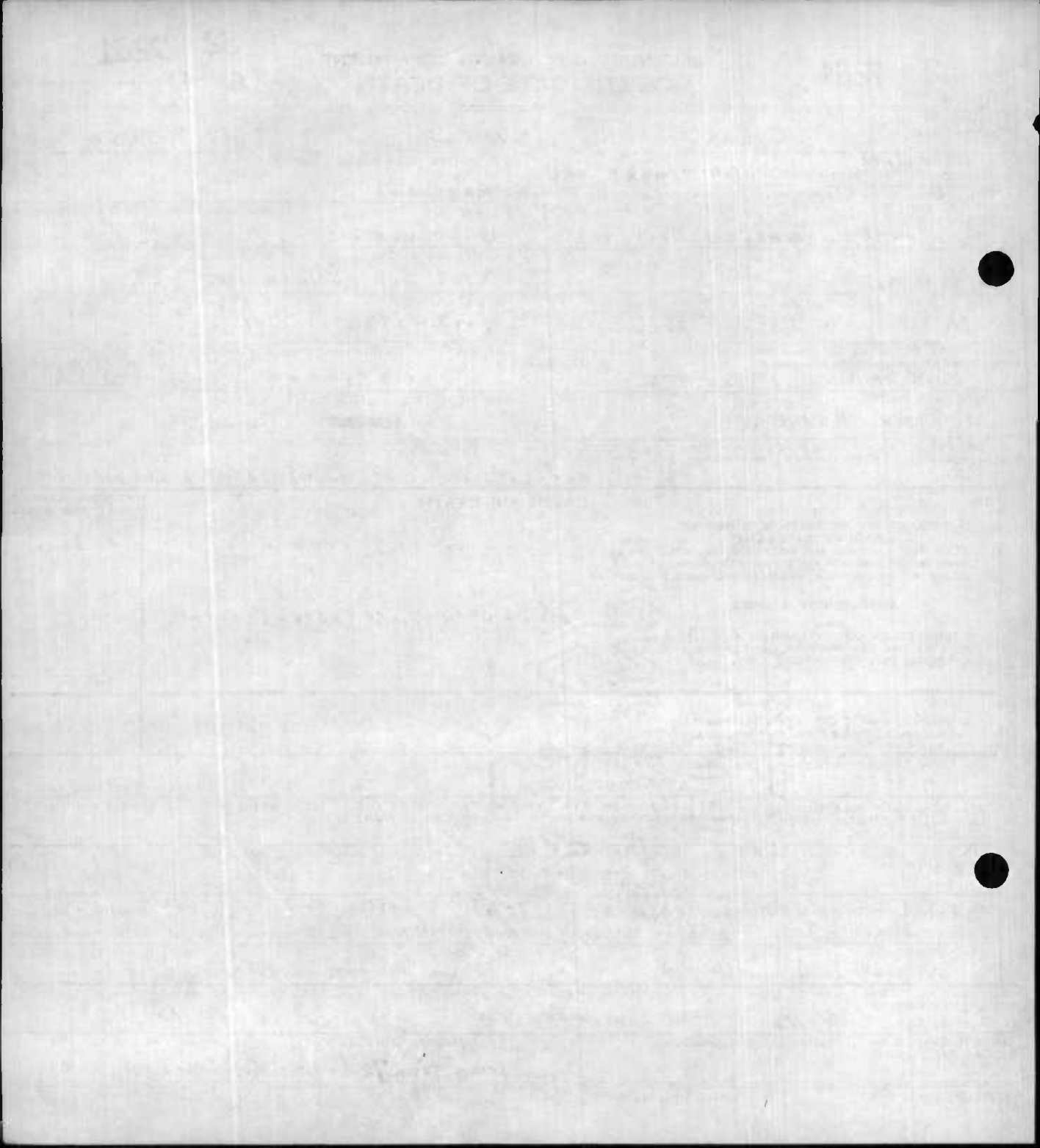
25. FUNERAL DIRECTOR

ADDRESS

WM. T. TRICKER 501 N. NORTH AVE.

AUG 1 1952

MEDICAL CERTIFICATION



M-362  
52 7262BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7262  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LOUISE F. MATHERS

2. DATE  
OF  
DEATH

July 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2711 Parkwood Ave.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2711 Parkwood Ave.

13-04

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 12, 1876

9. AGE (In years  
last birthday)

76

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Fred Storm

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr. William J. Mathers 2711 Parkwood Ave.

18. 420.1 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☒ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to July 31, 1952, that I last saw the  
deceased alive on July 31, 1952, and that death occurred at 7:15 P.M. on the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

8/2/52

Lorraine Pk. Cem.

Woodlawn, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 1 - 1952

VS 150

Huntington, W. Va. 25801

Mr. J. Parker Adams Inc Balto Md



G-450  
52 7263BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7263  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAUDE WILSON GALLON			2. DATE OF DEATH July 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 904 Belgian Ave. Maplewood Apts 2B			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-10		
D. STREET ADDRESS (If rural, give location) 904 Belgian Ave. Maplewood Apts. 2B			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 3, 1911	9. AGE (In years last birthday) 40	10. UNDER 1 YEAR Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY None		
11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Richard W. Gallon Sr.			14. MOTHER'S MAIDEN NAME Maud Linthicum Stricklen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Mr. Richard W. Gallon Jr.			ADDRESS 1815 Thornbury Rd		

18. 155X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Liver with  
DUE TO Generalized Metastasis

6 mo.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1952, to July 30, 1952, that I last saw the deceased alive on July 30, 1952, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)  
Burial24B. DATE  
8/3/5224C. NAME OF CEMETERY OR CREMATORY  
Loudon Pk. Cem.24D. LOCATION (City, town or county) (State)  
Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CESTIFORME OR DITH

REPORTED BY J. L. DEBARTIS

REPORTED BY J. L. DEBARTIS

REPORTED BY J. L. DEBARTIS

REPORTED BY J. L. DEBARTIS

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REPORTED BY J. L. DEBARTIS

REPORTED BY J. L. DEBARTIS

REPORTED BY J. L. DEBARTIS

H-625  
52 7264BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7264

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John J. Harkins

2. DATE  
OF  
DEATH

7/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY

MD

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

Essex

D. STREET ADDRESS (If rural, give location)

1616 Gail Rd.

5254

C. Length of stay in Baltimore

17

Yrs.  
Mths.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

5/31/34

9. AGE (in years  
last birthday)

18

If Under 1 Year  
Months: Days Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR  
INDUSTRY

CROSSETT BLACKWELL

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

US

13. FATHER'S NAME

ELMER HARKINS

14. MOTHER'S MAIDEN NAME

ELLEN SUMMERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

ELLEN HARKINS 1616 GAIL RD

18. 204.3

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Acute leukemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25/1952 to 7/29/1952, that I last saw the  
deceased alive on 7/29/1952, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Max J. Miller M.D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

7/29/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

7-2-52

HOLY REDEEMER CH

4430 BELAIR RD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 1 - 1952

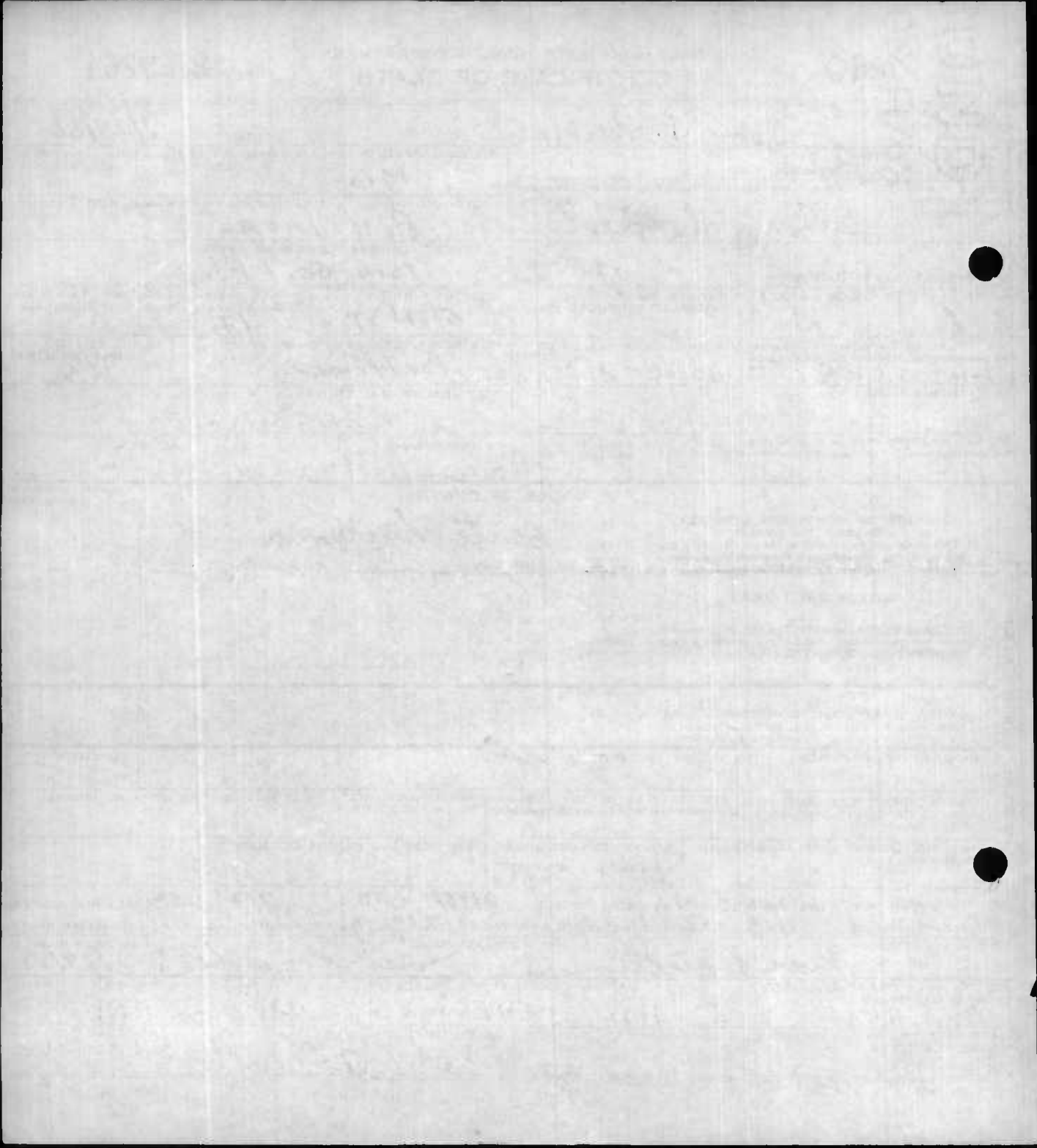
Huntington Williams

Charles L. Zeller 9015 Conkling

VS 150

97042

MEDICAL CERTIFICATION



120  
52 7265  
BIRTH No.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7265  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
JOHN PAPPAS		July 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
		A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		B. COUNTY	
South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
		Baltimore	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Yrs. Mos. Days		1004 Light Street	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	White	Single	68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
Clerk		Restaurant	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
Unknown		Greece	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
(If yes, give war or dates of service)		U. S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
		Unknown	
17. INFORMANT		ADDRESS	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	(A) Arteriosclerotic cardiovascular disease	
ANTECEDENT CAUSES	(B) Malnutrition	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William W. Lawrence	23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED July 30, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 8/2/52	24C. NAME OF CEMETERY OR CREMATORY New York Cemetery	24D. LOCATION (City, town, or county) (State) Henderson Md Rd, Md
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DATE RECEIVED BY LOCAL REGISTRAR AUG 1 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, MD	25. FUNERAL DIRECTOR Nick Tambora, Inc.	ADDRESS 74408 Northham
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320  
2 7266

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7266

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JOSEPH COATES</b>			2. DATE OF DEATH <b>8-1-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>517 N. PULASKI</b>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>BALTIMORE</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>517 N. PULASKI</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 20-01</b>		
c. Length of stay in Baltimore <b>2 1/2 YRS</b>			D. STREET ADDRESS (If rural, give location) <b>517 N. PULASKI ST</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>COLORED</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>1895 SEPTEMBER 67</b>		9. AGE (In years last birthday) <b>67</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SEAMAN</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>CHURCHTON</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>—</b>			14. MOTHER'S MAIDEN NAME <b>ADELINE GRAY</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>DATES UNKNOWN NONE</b>	17. INFORMANT ADDRESS <b>INA THOMPSON 517 N. PULASKI</b>		

18. <b>177X and 1023X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) <b>IN ANIMATION &amp;</b>				
DUE TO				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <b>ANOREXIA AND VOMITING 1 MONTH</b>		
		DUE TO		
		(C) <b>METASTATIC CARCINOMA OF PROSTATE 1 YR</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<b>SYPHILITIC AORTITIS</b>		<b>?</b>

19A. DATE OF OPERATION <b>JANUARY 1952</b>		19B. MAJOR FINDINGS OF OPERATION <b>CARCINOMA OF PROSTATE (at Hopkins Hosp)</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <b>NO</b>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NO</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:30 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Leon Eisenberg</b>	M. D.	23B. ADDRESS <b>1801 W Baltimore St</b>	23C. DATE SIGNED <b>8-1-52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug 4, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Franklin</b>	24D. LOCATION (City, town, or county) (State) <b>Churchton, A.D.Co. Md.</b>
--	---------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 2 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Hardisty Funeral Home, Baltimore</b>	ADDRESS <b>2nd</b>
---	---	---	-----------------------

cause of death known from pt's attending  
physician, Dr. Ruth Cleier  
1801 W. Baltimore St

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7267  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles Gill

2. DATE  
OF  
DEATH

Aug. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Mercy Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5/28/1899

9. AGE (In years  
last birthday)

53

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Operator Standard Oil

13. FATHER'S NAME

Walter S. Gill

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF  
WHAT COUNTRY?15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

215-07-1075

17. INFORMANT

Hosp. Records

ADDRESS

18. 330X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Sub-aneurysmal hemorrhage  
and

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Peripheral Vascular  
Collapse

DUE TO

(C)

1 week

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1952, to Aug 1, 1952, that I last saw the  
deceased alive on Aug 1, 1952, and that death occurred at 2:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Genevieve M. Towell

M. D.

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

Aug. 1, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

8/4/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

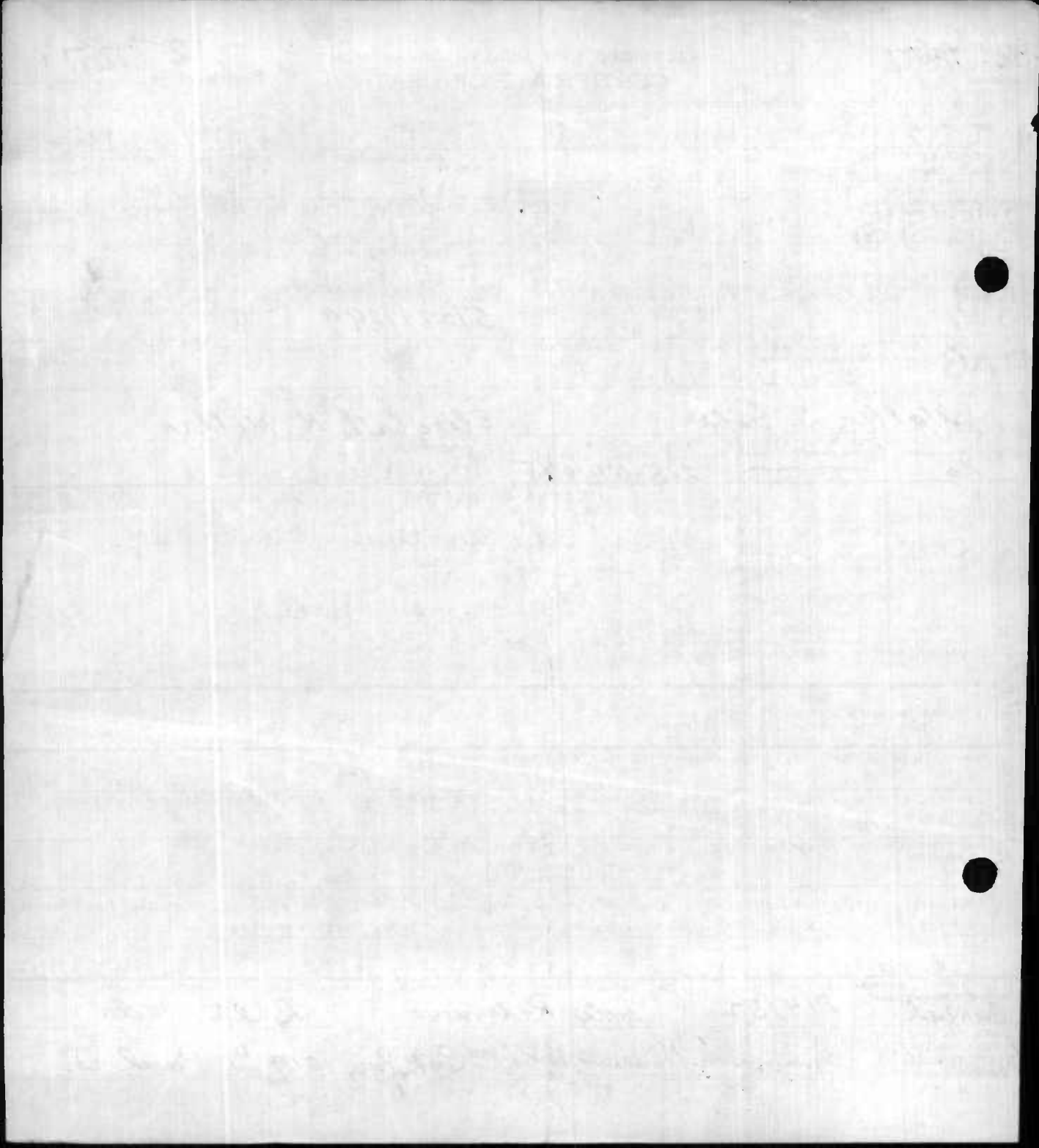
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Cook, Inc. 1217 St. Paul St.



523  
52 7268BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7268  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELMIRA C. KNIGHT

2. DATE  
OF  
DEATH

Aug. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE Melchor Nursing Home  
24th & Charles T.4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE Maryland  
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

C. Length of stay in Baltimore

Yrs.  
Mos.  
DaysD. STREET ADDRESS (If rural, give location)  
2744 Guilford Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

Oct 21, 1867

9. AGE (In years  
last birthday)

84

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Milliner, retired

10B. KIND OF BUSINESS OR  
INDUSTRY

Milliner

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John M. Knight

14. MOTHER'S MAIDEN NAME

Mary J. Powley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs G.H. Reese, 2744 Guilford Ave.

18. 450.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) malnutrition  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Arterio Sclerosis  
DUE TO  
(C)

6 mo.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30, 1952 to 8/1, 1952, that I last saw the  
deceased alive on 7/31, 1952, and that death occurred at 3 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

8/2/52

St. Marys, Hampden

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 2 - 1952

Huntington Williams

1219 St Paul St

CERTIFICATE OF DEATH

SALMONS AND HEALTH DEPARTMENT

1900

1900

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7269

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Julia Bruckheiser</b>			2. DATE OF DEATH <b>Aug. 1, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore, Md.</b>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>JENKINS Mem. Hosp.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Catonsville,</b>		
C. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>#7 Overbrook Road 5352</b>		
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W.</b>	8. DATE OF BIRTH <b>Nov. 26, 1862</b>	9. AGE (In years last birthday) <b>90</b>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland,</b>			12. CITIZEN OF WHAT COUNTRY? <b>Unknown</b>		
13. FATHER'S NAME <b>Conrad Schneider</b>			14. MOTHER'S MAIDEN NAME <b>Anna</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

1B. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  <b>Arteriosclerotic C. V. D.</b>	CAUSE OF DEATH (A) <b>Arteriosclerotic C. V. D.</b> DUE TO  (B) _____ DUE TO  (C) _____	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 1, 1952</b> , to <b>Aug 1, 1952</b> , that I last saw the deceased alive on <b>Aug 1, 1952</b> , and that death occurred at <b>3:55 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Huntington Williams</b>		23B. ADDRESS <b>St. Agnes' Hosp.</b>		23C. DATE SIGNED <b>8-1-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>8/4/1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>47th St. Paul St</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 2-1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>			

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Date	Location	Description	Remarks	Signature

MROZINSKI  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7270

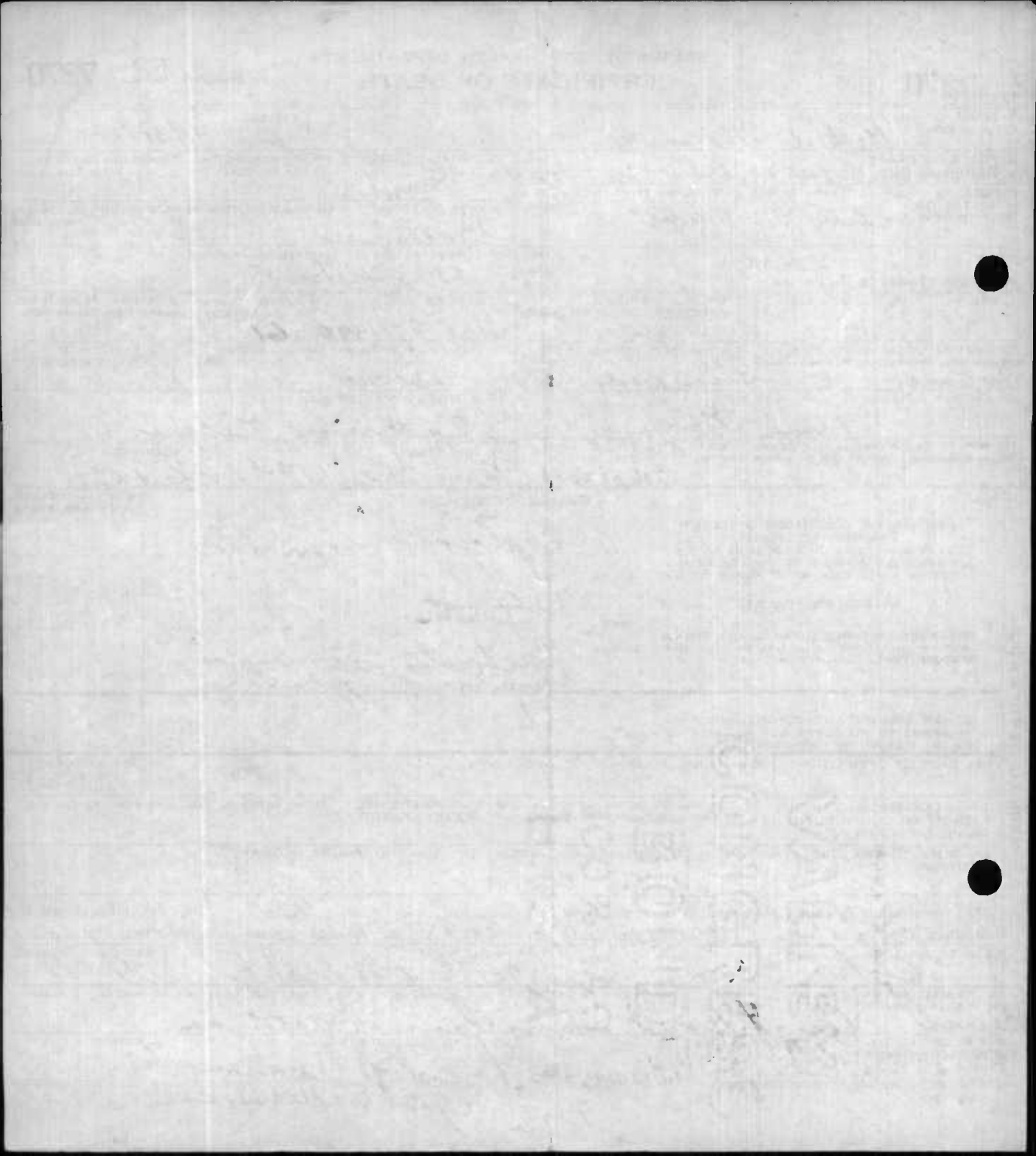
625  
7270  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Michael Mrozenski</i>			2. DATE OF DEATH <i>7/31/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>So. Balto. Gen. Hospital</i>			A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Ind.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>So. Balto. Gen. Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write R.U.R.L. and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>531 S. Chester St</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>Sept 29/1890</i>		9. AGE (in years last birthday) <i>61</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Lobster</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Fishes Body Co.</i>	11. BIRTHPLACE (State or foreign country) <i>Europe</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Frank Mrozenski</i>			14. MOTHER'S MARDEN NAME <i>Catherine Pilarski</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>216 012 017</i>		
17. INFORMANT <i>Mary Zelaski</i>			ADDRESS <i>531 S. Chester St</i>		

18. <i>550.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		<i>Asphyxia, aspiration</i>	
ANTECEDENT CAUSES		(B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		<i>Peritonitis secondary to ruptured appendix</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>7/31</i> , 19 <i>52</i> , to <i>7/31</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>7/31</i> , 19 <i>52</i> , and that death occurred at <i>9:50</i> a. m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Os. Leoy</i>		23B. ADDRESS <i>701 Cathedral St</i>		23C. DATE SIGNED <i>7/31/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24B. DATE <i>Aug 4/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 2 1952</i>	REGISTRAR'S SIGNATURE <i>H. H. Williams</i>	25. FUNERAL DIRECTOR <i>Fred J. Szagurski</i>	
ADDRESS <i>1930 Eastern Ave</i>			



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7271  
Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>MR. BRUNO WENSIEN</b>		2. DATE OF DEATH <b>7-30-52</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <b>MARYLAND</b> b. COUNTY <b>BALTIMORE</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSPITAL</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 14-27-02</b>	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <b>2821 OVERLAND AVENUE</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT 28, 1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BRACE MAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, Month, Day) <b>61 Yes</b>
13. FATHER'S NAME <b>MARTIN WENSIEN</b>		11. BIRTHPLACE (State or foreign country) <b>GERMANY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>HELENA ELSERS</b>	
17. INFORMANT <b>MRS. FREIDA WENSIEN (WIFE)</b>		ADDRESS <b>SAME</b>	
18. <b>420.1</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>myocardial infarction</b> DUE TO CAUSE OF DEATH <b>Coronary insufficiency</b> DUE TO <b>Hypertension</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour) INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7-24</b> , 19 <b>52</b> , to <b>7-30</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7-29</b> , 19 <b>52</b> , and that death occurred at <b>12:20 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Georgia Reynolds</b>		23b. ADDRESS <b>Union Memorial Hospital</b>	
23c. DATE SIGNED <b>7/30/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/2/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mount Pleasant</b>		24d. LOCATION (City, town, or county) (State) <b>Taylor Ave</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 2-1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, MD</b>	
25. FUNERAL DIRECTOR <b>J. J. Fisher &amp; Sons</b>		ADDRESS	

195 6903W 007 269

NSC 54

SECRET  
OFFICIALS ONLY



400  
52-7MC 7272BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7272

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>William Cole</b>			2. DATE OF DEATH <b>7-31-52</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>26-09</b>		
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
d. STREET ADDRESS (If rural, give location) <b>3525 O'Donnell St.</b>			e. LENGTH OF STAY IN BALTIMORE <b>1</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>7-19-86</b>	9. AGE (In years last birthday) <b>65</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Self-employed</b>		
11. BIRTHPLACE (State or foreign country) <b>Balto</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Unable to obtain</b>			14. MOTHER'S MAIDEN NAME <b>Unable to obtain</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		
17. INFORMANT <b>Records: P. C. H. 4940 Eastern Ave.</b>			ADDRESS		

## CAUSE OF DEATH

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary</b>	(A) ..... DUE TO	(B) ..... DUE TO	(C) ..... DUE TO
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

## CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER

19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7-31-1952</b> to <b>7-31-1952</b> that I last saw the deceased alive on <b>7-31-1952</b> and that death occurred at <b>10:15 A.M.</b> from the causes and on the date stated above.					
23a. SIGNATURE <b>P. D. Egan</b>		23b. ADDRESS <b>4940 Eastern Ave.</b>		23c. DATE SIGNED <b>8-1-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-4-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn</b>	
24d. LOCATION (City, town, or county) (State) <b>Balto - 31 - Md</b>		24e. DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 2 - 1952</b>		24f. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
24g. FUNERAL DIRECTOR <b>51024</b>		24h. ADDRESS <b>403 S. Wolfe St</b>		24i. SIGNATURE <b>Lilly &amp; Zick</b>	

INFORMATION PROVIDED BY

*[Signature]*

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7273  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

MARY A. WELLEIN

2. DATE  
OF  
DEATH

JULY 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

4224 Belmar Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

4224 Belmar Avenue

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 2, 1884

9. AGE (In years  
last birthday)

68

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Karl Unkelbach

14. MOTHER'S MAIDEN NAME

Dorothea Ulrich

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Louis H. Wellein, 4224 Belmar Ave

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Acute Pulmonary Edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular  
disease

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1944 to July 30, 1952, that I last saw the  
deceased alive on May 17, 1952, and that death occurred at 11:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Jack J. Singer

23B. ADDRESS

506 E. North Ave

23C. DATE SIGNED

8-1-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

8/4/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer C.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

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J. Singer  
E. North Ave.

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7274

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ETHEL S. HENDRICKSON

2. DATE  
OF  
DEATH

8-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Univ. Hosp.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE

MD

B. COUNTY

Balt.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)  
Lutherville

D. STREET ADDRESS (If rural, give location)

York Road

5300

Length of stay in Baltimore

5 Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10 Under 1 Year Months: Days  
11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm O Pascal

14. MOTHER'S MAIDEN NAME

Lille Drive

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No.

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Samuel B. Hendrickson

ADDRESS

Lutherville Md.

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Cerebro Vascular Accident

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

4 days

H.C.V.D.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-28-52, 19, to 8-1-52, 19, that I last saw the deceased alive on 8-1-52, 19, and that death occurred at 10:22 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Wm B. Greco

23B. ADDRESS

University Shop

23C. DATE SIGNED

8-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Aug 4-1952

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balt. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

AUG 2-1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mr. Bunnell, 60 York Road

ADDRESS

1934

RECEIVED FOR THE RECORDS OF THE  
DISTRICT OF COLUMBIA

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 7275

632  
2 7275  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>NORMA BERTHA HARTSOUGH</b>		2. DATE OF DEATH <b>JULY 31, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>FLORIDA</b> B. COUNTY <b>V-08</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>ST PETERSBURG</b>	
Length of stay in Baltimore <b>8</b> Yrs. <input checked="" type="checkbox"/> Mos. <input type="checkbox"/> Days <input type="checkbox"/>		D. STREET ADDRESS (If rural, give location) <b>300 34th AVENUE N.E.</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN 22, 1891</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>	9. AGE (in years, last birthday) <b>61</b>
11. BIRTHPLACE (State or foreign country) <b>OHIO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>LOYD G. WHINERY</b>		14. MOTHER'S MAIDEN NAME <b>EMMA STARK</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT <b>LEROY HARTSOUGH</b>	
Address <b>SAME</b>			

18. <b>272X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH  (A) <b>CHROMOPHOBE ADENOMA OF PITUITARY</b> DUE TO  (B) _____ DUE TO  (C) _____	INTERVAL BETWEEN ONSET AND DEATH

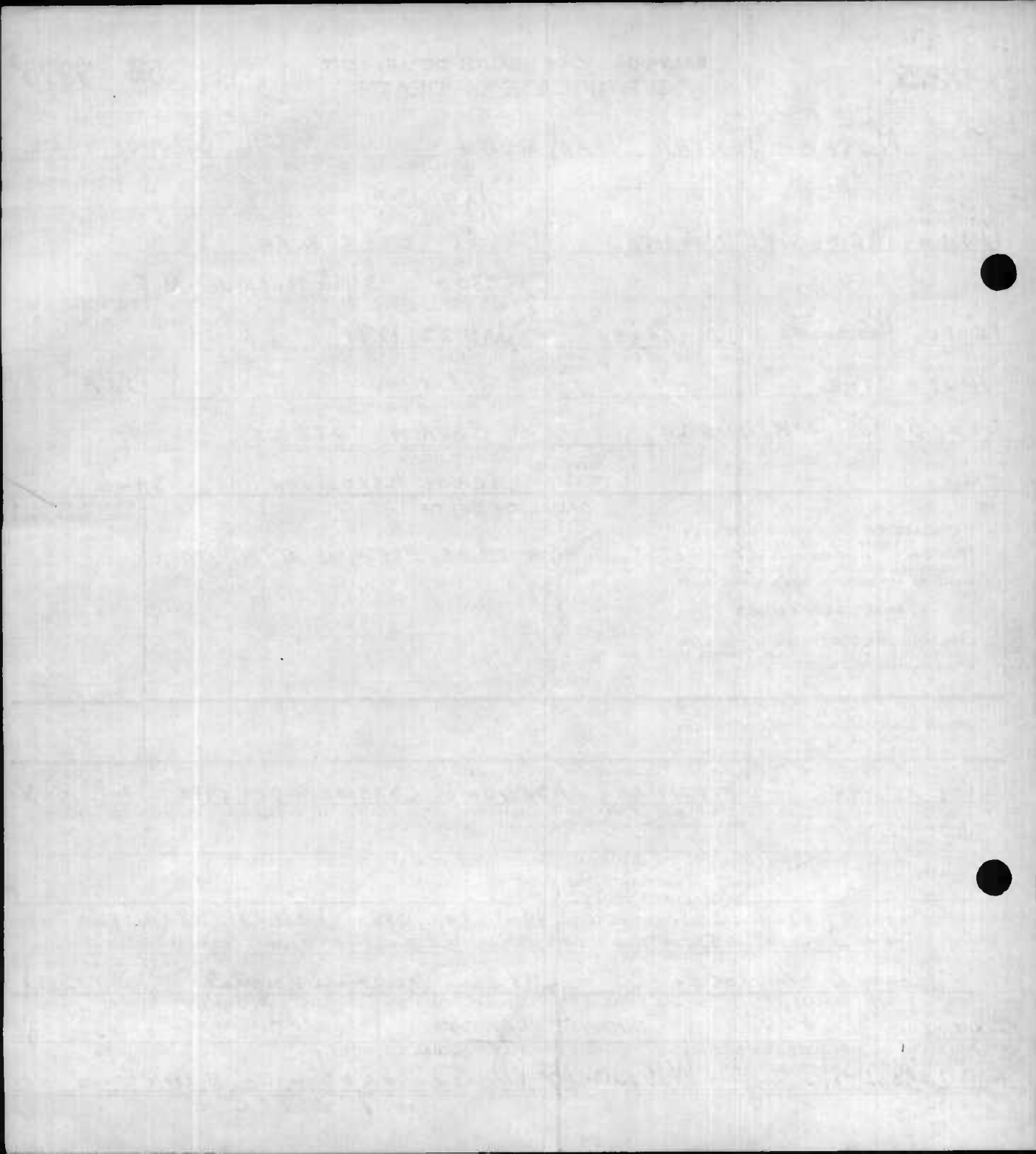
19A. DATE OF OPERATION <b>JULY 25, 1952</b>		19B. MAJOR FINDINGS OF OPERATION <b>PITUITARY ADENOMA CHROMOPHOBE TYPE</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from JULY 23, 1952 to JULY 31, 1952, that I last saw the deceased alive on JULY 31, 1952 and that death occurred at 11:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE Georgia Reynolds M. D. 23B. ADDRESS Union Memorial Hospital 23C. DATE SIGNED July 31, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24B. DATE 8/4/52 24C. NAME OF CEMETERY OR CREMATORY GRANDVIEW CEMETERY 24D. LOCATION (City, town, or county) (State) SALEM, OHIO

DATE RECEIVED BY LOCAL REGISTRAR AUG 2 - 1952 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR Wm. TICKNER & SONS, INC. ADDRESS NORTH + PENNA. AVE.



**CERTIFICATE CORRECTED** 8-13-52

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7276  
Registered No.

BIRTH NO.

<b>1. NAME OF DECEASED</b> (Type or Print) <u>Ralph Michelson</u>		<b>2. DATE OF DEATH</b> <u>July 31, 1952</u>	
<b>3. PLACE OF DEATH:</b> <b>A. Baltimore City, Maryland</b> <b>B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)</b> <u>2322 Eutaw Place, Baltimore</u> <b>C. Length of stay in Baltimore</b> <u>Life</u>		<b>4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)</b> <b>A. STATE</b> <u>Maryland</u> <b>B. COUNTY</b> <b>C. CITY OR TOWN</b> <u>Baltimore, Maryland</u> (If outside corporate limits, write RURAL and give township) <b>D. STREET ADDRESS (If rural, give location)</b> <u>13-01</u> <u>Linden Ave &amp; Lake Drive</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>1888</u> <u>July 10, 1888</u>
<b>10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</b> <u>Clerk</u>		<b>10B. KIND OF BUSINESS OR INDUSTRY</b> <u>Md. Race Track</u>	
<b>13. FATHER'S NAME</b> <u>Ralph</u>		<b>14. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)</b> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>	
<b>17. INFORMANT</b> <u>Wife- Ida Michelson, Lake Dr.</u>		<b>ADDRESS</b> <u>3F Alhambra Apt</u>	

<b>18. 420.1</b> <b>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  <b>ANTECEDENT CAUSES</b>  <b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</b>	<b>CAUSE OF DEATH</b> <u>Myocardial Infarction</u> <u>Arteriosclerosis</u>
<b>II</b> <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>	

<b>19A. DATE OF OPERATION</b> <u>None</u>	<b>19B. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH</b>	<b>21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)</b>	<b>21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)</b>
<b>21D. TIME (Month) (Day) (Year) (Hour) OF INJURY</b>	<b>21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></b>	<b>21F. HOW DID INJURY OCCUR?</b>
<b>22. I hereby certify that I attended the deceased from 1925 to July 31, 1952, that I last saw the deceased alive on July 31, 1952, and that death occurred at 1 P. m., from the causes and on the date stated above.</b>		
<b>23A. SIGNATURE</b> <u>David R. Martin</u>	<b>23B. ADDRESS</b> <u>2322 Eutaw Place</u>	<b>23C. DATE SIGNED</b> <u>8-1-52</u>
<b>24A. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24B. DATE</b> <u>August 3, 1952</u>	<b>24C. NAME OF CEMETERY OR CREMATORY</b> <u>Hebrew Friendship</u>
<b>24D. LOCATION (City, town, or county) (State)</b> <u>Baltimore St., Balti., Md.</u>		<b>24E. FUNERAL DIRECTOR</b> <u>David R. Martin</u>
<b>DATE RECEIVED BY LOCAL REGISTRAR</b> <u>AUG 3 - 1952</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Huntington Williams, Jr.</u>	

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7277**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Bladys T. Mc Namara</b>			2. DATE OF DEATH <b>8-2-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md</b> B. COUNTY <b>Anne Arundel</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>U of Md. Hosp.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Linthicum Heights</b>		
D. STREET ADDRESS (If rural, give location) <b>120 Homewood Rd. 5200</b>			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <b>F</b>	6. COLOR OR RACE <b>w</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>1896</b>		9. AGE (In years last birthday) <b>56</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC</b>	11. BIRTHPLACE (State or foreign country) <b>DORCHESTER Co. Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Arie Johnson</b>			14. MOTHER'S MAIDEN NAME <b>Verdie Robinson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Husband</b>		ADDRESS <b>same</b>

18. <b>491x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <b>Pneumonia (confluent bronch)</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		
		(C) DUE TO		

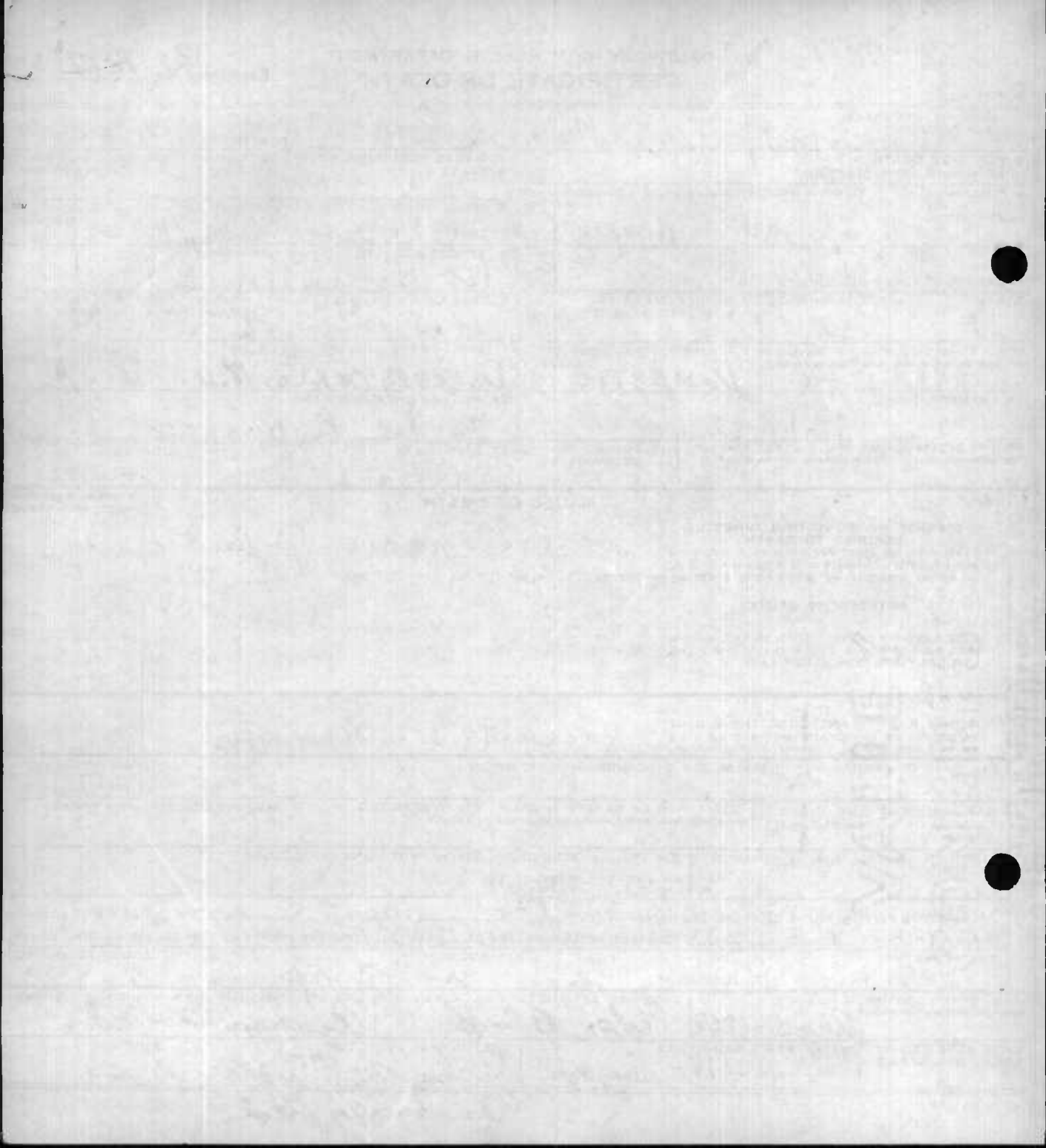
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Rheumatoid Arthritis</b>		19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **8-1**, 19**52**, to **8-2**, 19**52**; that I last saw the deceased alive on **8-2**, 19**52**, and that death occurred at **10:05 A.**, from the causes and on the date stated above.

23A. SIGNATURE <b>W R Heimer</b>		23B. ADDRESS <b>U Hosp</b>		23C. DATE SIGNED <b>8-2-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Aug 5-1952</b>		24B. DATE <b>Aug 5-1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Cedar Bluff</b>	
24D. LOCATION (City, town, or county) (State) <b>Annapolis Md.</b>		24E. NAME OF FUNERAL DIRECTOR <b>John M. Taylor - Son.</b>		24F. ADDRESS <b>Annapolis Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>Huntington Williams, M.D.</b>		REGISTRAR'S SIGNATURE			

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52 7278

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>THOMAS WILEY HUDSON</b>		2. DATE OF DEATH <b>Aug. 1, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Union Memorial Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>12-07</b>	
C. Length of stay in Baltimore <b>50 years</b>		D. STREET ADDRESS (If rural, give location) <b>3027 Huntington Ave.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Aug. 3, 1882</b>
9. AGE (in years, last birthday) <b>69</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Conductor</b>	10B. KIND OF BUSINESS OR INDUSTRY <b>Retired 6 years</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>
13. FATHER'S NAME <b>William Hudson</b>	12. CITIZEN OF WHAT COUNTRY? <b>American</b>	14. MOTHER'S MAIDEN NAME <b>Anna Caroline Perigo</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>unknown</b>	16. SOCIAL SECURITY NO. <b>716-123478</b>	17. INFORMANT <b>Mr. C. McCauley (daughter)</b>	

18. <b>610X</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <b>arteriosclerotic cardiovascular disease</b> DUE TO <b>disease</b>	
ANTECEDENT CAUSES	(B) <b>Suprapubic prostatectomy</b> DUE TO _____	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

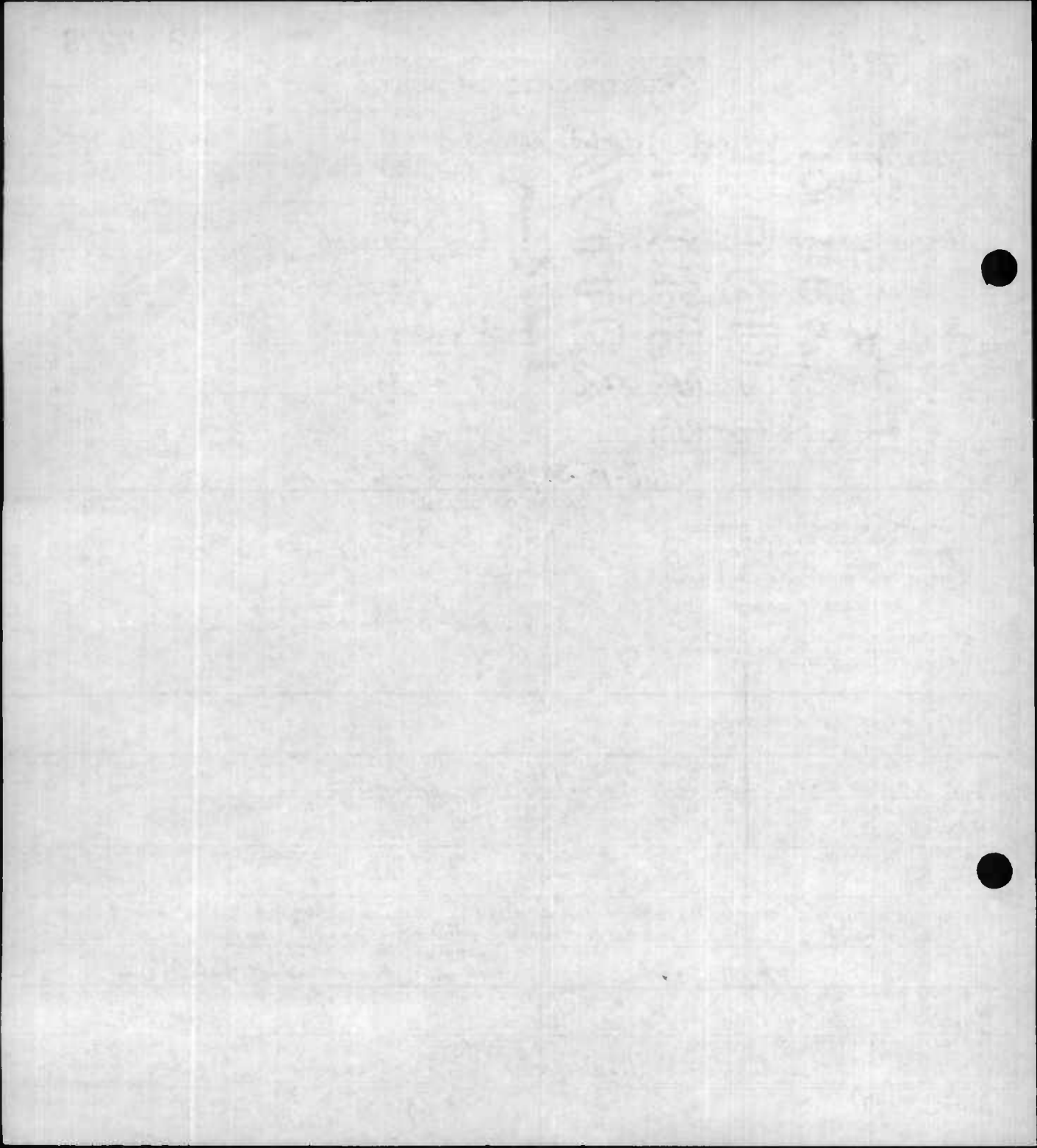
19A. DATE OF OPERATION <b>July 29, 1952</b>	19B. MAJOR FINDINGS OF OPERATION <b>Benign Prostatic Hypertrophy</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 1, 1952** to **Aug. 1, 1952** that I last saw the deceased alive on **Aug. 1, 1952**, and that death occurred at **11:22 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>[Signature]</b>	23B. ADDRESS <b>Union Memorial Hospital</b>	23C. DATE SIGNED <b>Aug. 1, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug. 4, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Abnold Ridge</b>
24D. LOCATION (City, town, or county) <b>Pikesville, Maryland</b>	24E. STATE <b>(State)</b>	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>George Funeral Home</b>
		ADDRESS <b>3631 Falls Road</b>

AUG 3 - 1952

203 50



A-515

52 7279

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7279  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph F. Donovan

2. DATE  
OF  
DEATH

July 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Long Green Nursing Home

115 Melrose Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

302 Colonial Court

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 14, 1865

9. AGE (in years

last birthday)

87

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

B &amp; O. R. R.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Simon Donovan

14. MOTHER'S MAIDEN NAME

Sarah G

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

R. Paul Donovan 302 Colonial Ct. Towson

18.

450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1952, to July 31, 1952, that I last saw the deceased alive on July 30, 1952, and that death occurred at a m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/4/52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 3 1952

Huntington Williams, MD

H. H. Uleas and Son - 805 N. Calvert St.

19520007277

CONFIDENTIAL

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W-623  
52 7280BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7280  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Wright, Enoch Franklin</u>		2. DATE OF DEATH <u>August 2, 1952</u>	
3. PLACE OF DEATH: a. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>8-02</u>			
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
Length of stay in Baltimore <u>12 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>2418 E. Federal St.-13</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>3/1/1860</u>	9. AGE (in years last birthday) <u>92</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Consolidated Coal Co</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>John Wright</u>			
14. MOTHER'S MAIDEN NAME <u>Sauldera Austin</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Miss Alice Wright</u>			
18. <u>443x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE OF DEATH (A) <u>Cerebral Hemorrhage</u> DUE TO  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Hypertensive Cardio Vascular Disease</u> DUE TO (C) <u>Generalized Arteriosclerosis with Auricular Fibrillation</u>  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 21, 1952</u> to <u>August 2, 1952</u> , that I last saw the deceased alive on <u>August 19, 52</u> and that death occurred at <u>8:30pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. J. Coffey Jr.</u>		23b. ADDRESS <u>St. Joseph Hospital</u>		23c. DATE SIGNED <u>Aug. 2, 1952</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/31/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Private Burying Grounds</u>	
24d. LOCATION (City, town, or county) (State) <u>Pound, West Co. Va.</u>		24e. NAME OF CEMETERY OR CREMATORY <u>Private Burying Grounds</u>		24f. LOCATION (City, town, or county) (State) <u>Pound, West Co. Va.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>4UG 3-1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Wm Cook Inc. 1217 St. Paul St.</u>	

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH, CITY OF NEW YORK

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7281  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>PROSSER Marguerite</u>		2. DATE OF DEATH <u>August 1, 1952</u>	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Joseph's Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
D. STREET ADDRESS (If rural, give location) <u>1727 E. 25th Street</u>		E. LENGTH OF STAY IN BALTIMORE <u>8 years</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>November 28, 1897</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Typist</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Efficiency Index</u>	9. AGE (In years last birthday) <u>54</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John W. Crouch Sr.</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Lyons</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>214-03-6034</u>	
17. INFORMANT <u>John Crouch, Townson</u>		ADDRESS <u>1727 E. 25th Street</u>	

18. <u>260X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Diabetic Coma</u> DUE TO <u>Septicemia</u> <u>Ischial Rectal Abscess</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>4-5 days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		

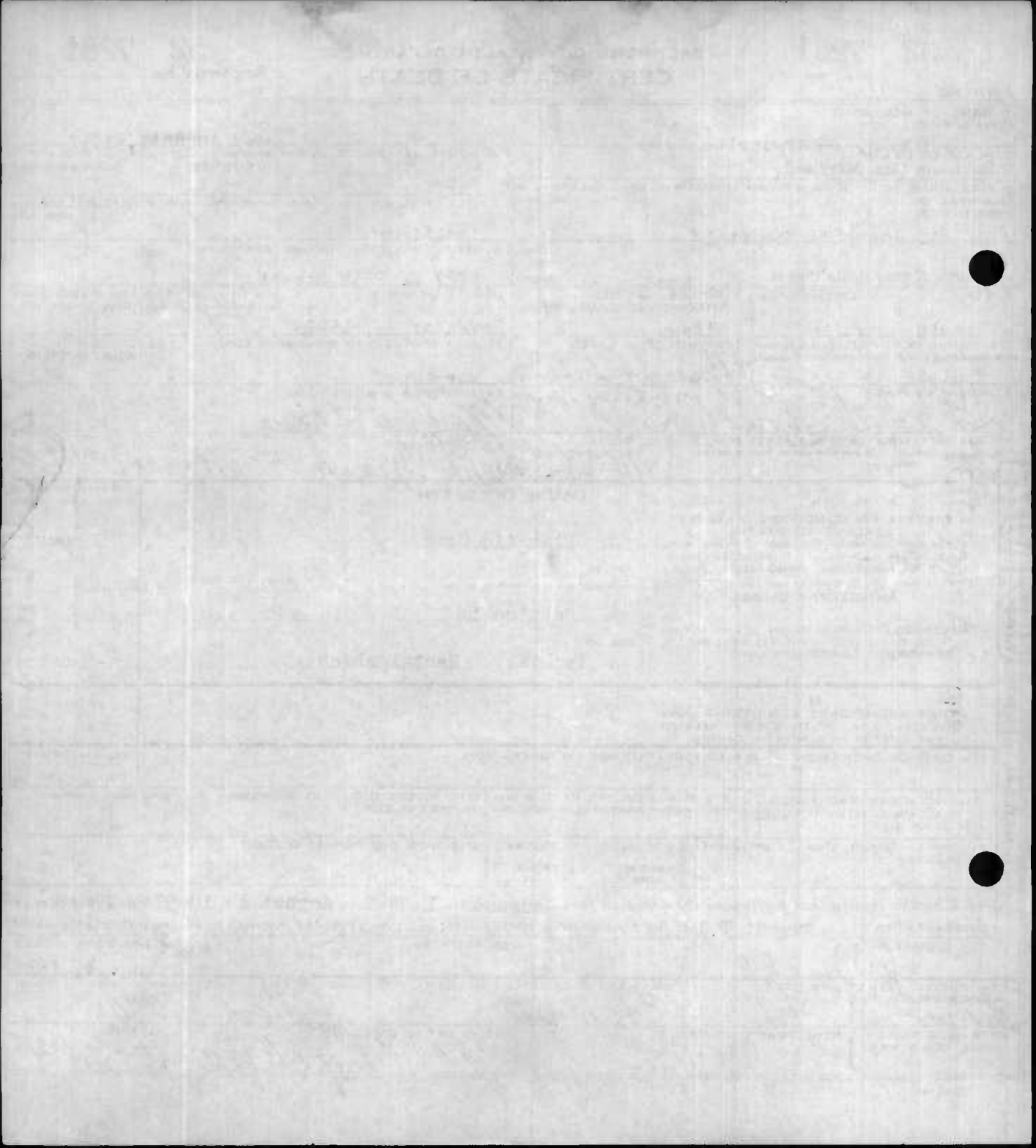
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from August 1, 1952, to August 1, 1952 that I last saw the deceased alive on August 1, 1952 and that death occurred at 9:10 pm., from the causes and on the date stated above.

23A. SIGNATURE <u>H. O'Neill</u>		23B. ADDRESS		23C. DATE SIGNED <u>Aug. 2, 1952</u>
23D. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <u>8/4</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>	24D. LOCATION (City, town, or county) (State) <u>Chase Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <u>Huntington Williams, Md</u>	25. FUNERAL DIRECTOR <u>M. C. Jones</u>		ADDRESS <u>1267 St. Paul St</u>

AUG 3 1952

35-082



S-536  
52 7282BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 7282

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William W. Sanders

2. DATE  
OF  
DEATH

7/31/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

2706 Hugo Ave

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Balto 9-06

D. STREET ADDRESS (If rural, give location)

2706 Hugo Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3/12/1889

9. AGE (In years  
last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Shipping Clerk Laundry Supplies

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Wm Sanders

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Sadie Cannon 2706 Hugo Ave

## CAUSE OF DEATH

18. 157X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

2 yrs

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1951

19B. MAJOR FINDINGS OF OPERATION

Cancer

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1952, to July 31, 1952, that I last saw the  
deceased alive on July 31, 1952, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Ernest Zimmerman M. D.

23B. ADDRESS

9855 Harpers Rd Balto. Md.

23C. DATE SIGNED

Aug 1, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

8/4/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul St.

VS 150-152

3424R 07280

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH  
CENTRAL BUREAU OF HEALTH

James M. Smith

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7283  
Registered No. 52 7283

BIRTH NO. 52 7283

1. NAME OF DECEASED (Type or Print) <b>JOHN C. FRYE</b>			2. DATE OF DEATH <b>Aug. 1, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1223 N. Charles Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1223 N. Charles Street</b>		
5. SEX <b>Males</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 13, 1896</b>		9. AGE (In years last birthday) <b>56</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Conductor</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>P.R.R.</b>	11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>Kentucky</b>
13. FATHER'S NAME <b>Joseph M. Frye</b>			14. MOTHER'S MAIDEN NAME <b>Annie Sharpe</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Nettie Frye, 1223 N. Charles St</b>		

18. <b>153X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of Transverse Colon</b> DUE TO <b>Antecedent Causes</b>		CAUSE OF DEATH <b>Carcinoma of Transverse Colon</b>	INTERVAL BETWEEN ONSET AND DEATH <b>2/11/52</b>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Antecedent Causes</b>		(B) <b>Relaxation</b> DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	

19A. DATE OF OPERATION <b>2/11/52</b>		19B. MAJOR FINDINGS OF OPERATION <b>Inoperable Cancer</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) <b>Aug 1 1952</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 31, 1952</b> to <b>Aug 1, 1952</b> , that I last saw the deceased alive on <b>July 31, 1952</b> and that death occurred at <b>10:54 am.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Edw. J. Dekarsky</b>		23B. ADDRESS <b>1939 Mc Elberg St</b>		23C. DATE SIGNED <b>8/1/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>8/4/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	
				24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 3 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, Jr.</b>		25. FUNERAL DIRECTOR ADDRESS <b>81219 St Paul St</b>	
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MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

S-5-36

52 7284

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7284  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sally M Sanders

2. DATE  
OF  
DEATH

Aug. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

Anne Arundel

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Mercy Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Severn

D. STREET ADDRESS (If rural, give location)

Quartrfield Rd. 5200

6. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 24, 1877

9. AGE (In years  
last birthday)

74

If Under 1 Year  
Months; DaysIf Under 24 Hours  
Hours; Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR  
INDUSTRY

Not Employed

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Sanders

14. MOTHER'S MAIDEN NAME

Lama C Sanders

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Hosp. records.

ADDRESS

18. 260 X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Diabetes Mellitus

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1952, to Aug 1, 1952, that I last saw the  
deceased alive on Aug 1, 1952, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Guaranteed by T. W. Will

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

8/1/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

8/5/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

M. Cook, Inc. 1217 St. Paul St.

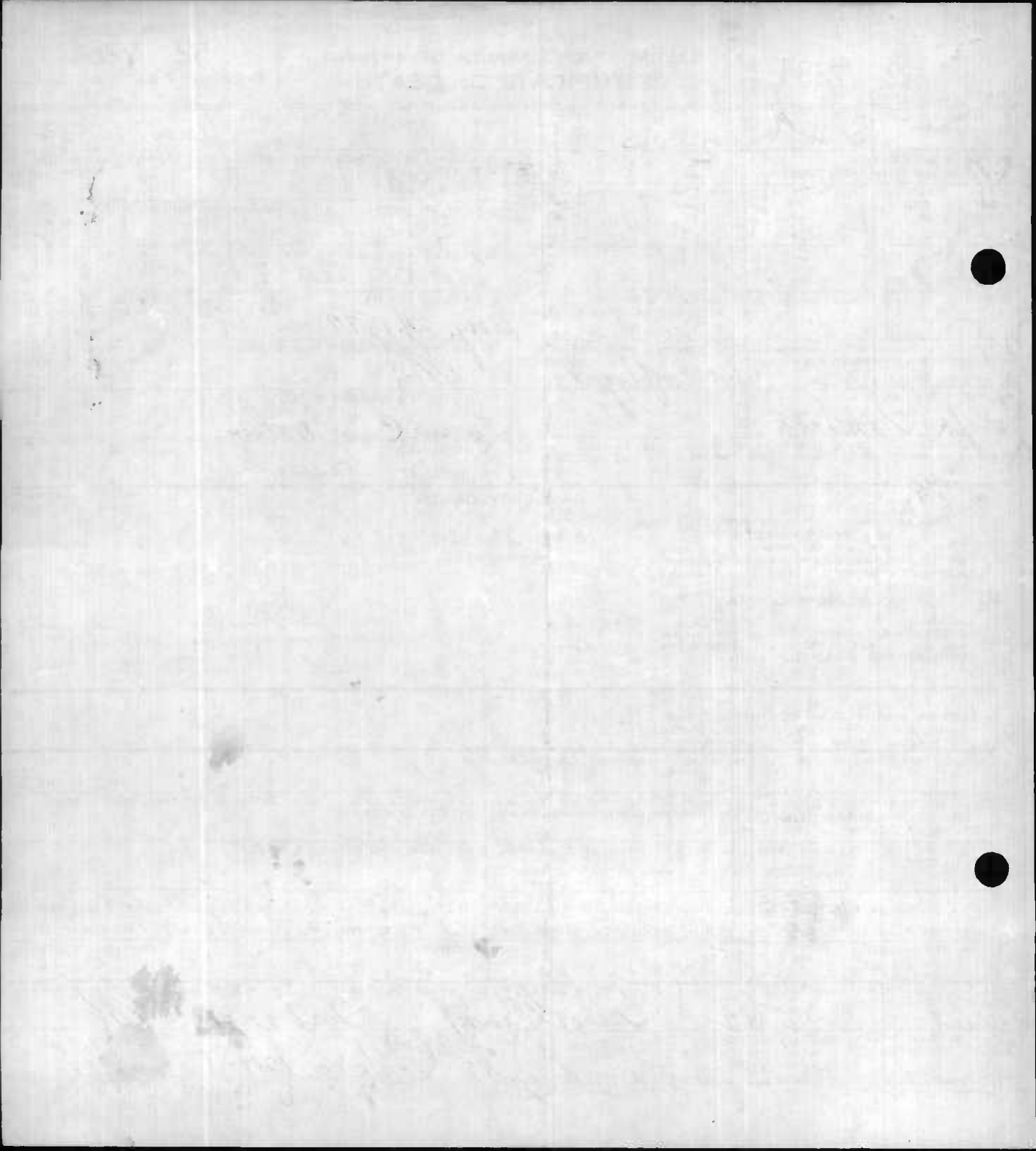
ADDRESS

AUG 3 - 1952

VS 150

0007202

MEDICAL CERTIFICATION



7-522  
52 7285

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7285  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Dena Yumkas</b>			2. DATE OF DEATH <b>8/1/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md</b> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Sinai Hospital</b>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 15-13</b>		
7. LENGTH OF stay in Baltimore <b>33</b> Yrs. <b>33</b> Mos. <b>33</b> Days			8. STREET ADDRESS (If rural, give location) <b>2714 Classen Ave</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	9. AGE (in years last birthday) <b>65</b>		10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Russia</b>
13. FATHER'S NAME <b>Fabash</b>			14. MOTHER'S MAIDEN NAME <b>Fagie</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Louis Yumkas - June</b> ADDRESS

18. <b>356.0</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Bell's Palsy</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
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21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
---	--	----------------------------

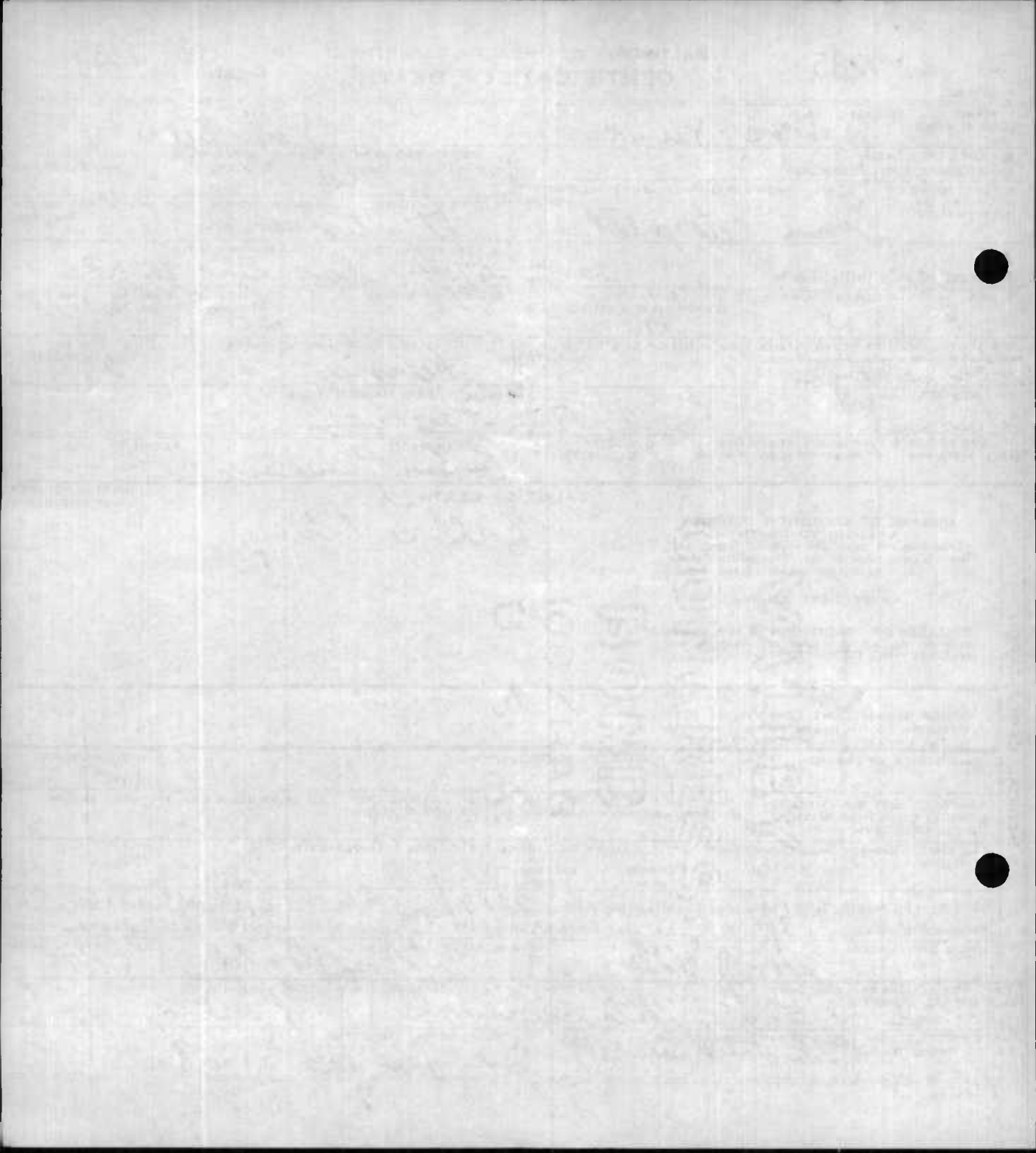
22. I hereby certify that I attended the deceased from **7/28/1952** to **8/1, 1952**, that I last saw the deceased alive on **8/1, 1952** and that death occurred at **4:15 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Wot J Miller</b> M. O.	23B. ADDRESS <b>Sinai Hospital</b>	23C. DATE SIGNED <b>8/1/52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>8-3-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Carmel</b>	24D. LOCATION (City, town, or county) (State) <b>Balto, Md</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 3 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Jack Lewis</b> ADDRESS <b>2100 Canton Pl</b>
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52 7285



S-163  
52 7286BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 7286

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Eleanore V. Speert

2. DATE  
OF  
DEATH

August 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Church Home &amp; Hospital

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

809 Lake Drive 13-01

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 14, 1901

9. AGE (In years  
last birthday)

51

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Vankin

14. MOTHER'S MAIDEN NAME

Sarah Lipman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mose Speert -

ADDRESS

Same

18. 572.2 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Kidney Failure

DUE TO

(C) Ulcerative Colitis

INTERVAL BETWEEN  
ONSET AND DEATH

4 days

1 week

30 yrs.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Hepatic Failure

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29, 1952, to 8/1, 1952, that I last saw the  
deceased alive on 8/1, 1952, and that death occurred at 1:30 P. M. from the causes and on the date stated above.

23A. SIGNATURE

H. Samuel A. Harris M. O.

23B. ADDRESS

Church Home &amp; Hospital

23C. DATE SIGNED

8/1/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

8-3-52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Jack Lewis, Inc 2100 Canton Pl

ADDRESS

AUG 3 - 1952  
VS 150



R-152  
52 7287BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7287  
Registered No.

BIRTH NO.		2. DATE OF DEATH 8-2-52	
1. NAME OF DECEASED (Type or Print) ROSE RUBENSTEIN		3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2016 East Baltimore St		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-04		D. STREET ADDRESS (If rural, give location) 2016 East Baltimore St	
E. Length of stay in Baltimore 39 Yrs. 39 Mths. 0 Days		8. DATE OF BIRTH 64	
5. SEX Female		9. AGE (In years last birthday) 64	
6. COLOR OR RACE White		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		11. BIRTHPLACE (State or foreign country) Lith	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Harry		14. MOTHER'S MAIDEN NAME Anna	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT David Rubenstein		ADDRESS Same	
1B. 420.1		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary Thrombosis	
ANTECEDENT CAUSES		(B) Generalized arterio-sclerosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Hypertension	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Interval between onset and death	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 7:30 1940 to Aug 2, 1952 that I last saw the deceased alive on July 31, 1952 and that death occurred at 7:40 m., from the causes and on the date stated above.	
23A. SIGNATURE Jacob Cohen		23B. ADDRESS 1804 Eutaw Place	
23C. DATE SIGNED 8/2/52		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 8-3-52		24C. NAME OF CEMETERY OR CREMATORY Beth Isaac	
24D. LOCATION (City, town, or county) (State) Balt Md		25. FUNERAL DIRECTOR Jack Lewis	
DATE RECEIVED BY LOCAL REGISTRAR AUG 3-1952		REGISTRAR'S SIGNATURE	
VS 150		ADDRESS 2100 Eutaw Pl	

Cohen  
1804 Easton

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7288

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ISAAC PATTACHNICK</b>		2. DATE OF DEATH <b>8-3-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>VA</b> B. COUNTY <b>V-43</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mt Sinai Home</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Richmond</b>	
D. STREET ADDRESS (If rural, give location) <b>4418 Cutshaw Ave</b>		E. LENGTH OF STAY IN BALTIMORE <b>40</b> Yrs. <b>40</b> Mos. <b>40</b> Days	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>66</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Grocer</b>	
11. BIRTHPLACE (State or foreign country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY? <b>Goldie</b>	
13. FATHER'S NAME <b>Casuel</b>		14. MOTHER'S MAIDEN NAME <b>Goldie</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <b>Moses Pattashnick</b>	
17. INFORMANT <b>Moses Pattashnick</b>		ADDRESS	

18. <b>332X</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute Cerebral Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arterio Sclerosis</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>8/1</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>8/1</b> , 19 <b>52</b> , to <b>8/2</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>8/2</b> , 19 <b>52</b> , and that death occurred at <b>9A</b> m., from the causes and on the date stated above.				
23A. SIGNATURE <b>A. H. Hornstern</b>		23B. ADDRESS <b>204 E. Bayview St</b>		23C. DATE SIGNED <b>8/3/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24B. DATE <b>8-3-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Richmond VA</b>		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <b>William Williams</b>	25. FUNERAL DIRECTOR <b>Jack Lewis Inc</b> ADDRESS <b>2100 Canton Rd</b>		

AUG 3 - 1952  
VS 150

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Horstene

R-25✓

52 7289

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

X 52 7289

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. Harry Rosenshield

2. DATE  
OF  
DEATH

8-2-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Levindale

C. Length of stay in Baltimore

50 Yrs.  
Mon.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Contractor

13. FATHER'S NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1616 Bartford Road

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Not known

17. INFORMANT

ADDRESS

Hospital records

18. 332X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

4 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Cerebral Arteriosclerosis

DUE TO

(C) General Arteriosclerosis

years

years

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Left hip fracture

3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26, 1947, to 8-2, 1952, that I last saw the deceased alive on 8-2, 1952, and that death occurred at 8:35 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Jerome J. Blumberg

M. D.

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

8-2-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

8-3-52

24C. NAME OF CEMETERY OR CREMATORY

Bronx, New York

24D. LOCATION (City, town, or county)

Bronx New York

(State)

DATE RECEIVED BY LOCAL REGISTRAR

AUG 3 1952

REGISTRAR'S SIGNATURE

Huntington, W. H. H. H.

FUNERAL DIRECTOR

Jack Lewis Inc - 2100 Eutan Pl.

ADDRESS

VS 150

29024

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

*William Updegraff* M.D.  
CHIEF OR ASST. MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7220**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>LENA ZELLINGER</b>			2. DATE OF DEATH <b>July 31, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>3010 Dillon St.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>3010 Dillon St.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 13, 1877</b>		9. AGE (In years last birthday) <b>75</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Frederick Rodenberg</b>			14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT ADDRESS <b>Charles J. Zellinger 3010 Dillon St.</b>		

18. <b>422.2</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Acute Circulatory Collapse</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs.</b>
(A) DUE TO <b>Chronic Nephritis</b>		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **7/20/52** to **7/31/52**, that I last saw the deceased alive on **7/31/52**, 19**52**, and that death occurred at **1:00 A.M.** m., from the causes and on the date stated above.

23A. SIGNATURE <b>Michael J. Hunt</b>	23B. ADDRESS <b>1016 S. East Ave</b>	23C. DATE SIGNED
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>August 4, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>OAK LAWN CEM.</b>	24D. LOCATION (City, town, or county) (State) <b>7225 EASTERN AVE</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 3 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR ADDRESS <b>Charles J. Seiler 901 S. Conkling St.</b>	

8941

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7291  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Krug, Joseph George</b>			2. DATE OF DEATH <b>July 31, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b> Life Yrs. Mos. Days			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. Length of stay in Baltimore			O. STREET ADDRESS (If rural, give location) <b>926 S. Clinton St. 7-6-11</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>October 10, 1903</b>		9. AGE (In years last birthday) <b>48</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>J. H. McGrath Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>William L. Krug</b>			14. MOTHER'S MAIDEN NAME <b>Mary Albert</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT ADDRESS <b>William L. Krug 926 S. Clinton St.</b>		

18. <b>416x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Rheumatic Heart Disease</b> DUE TO _____ <b>(B) Cardiac Descompensation</b> DUE TO _____ <b>(C)</b> _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

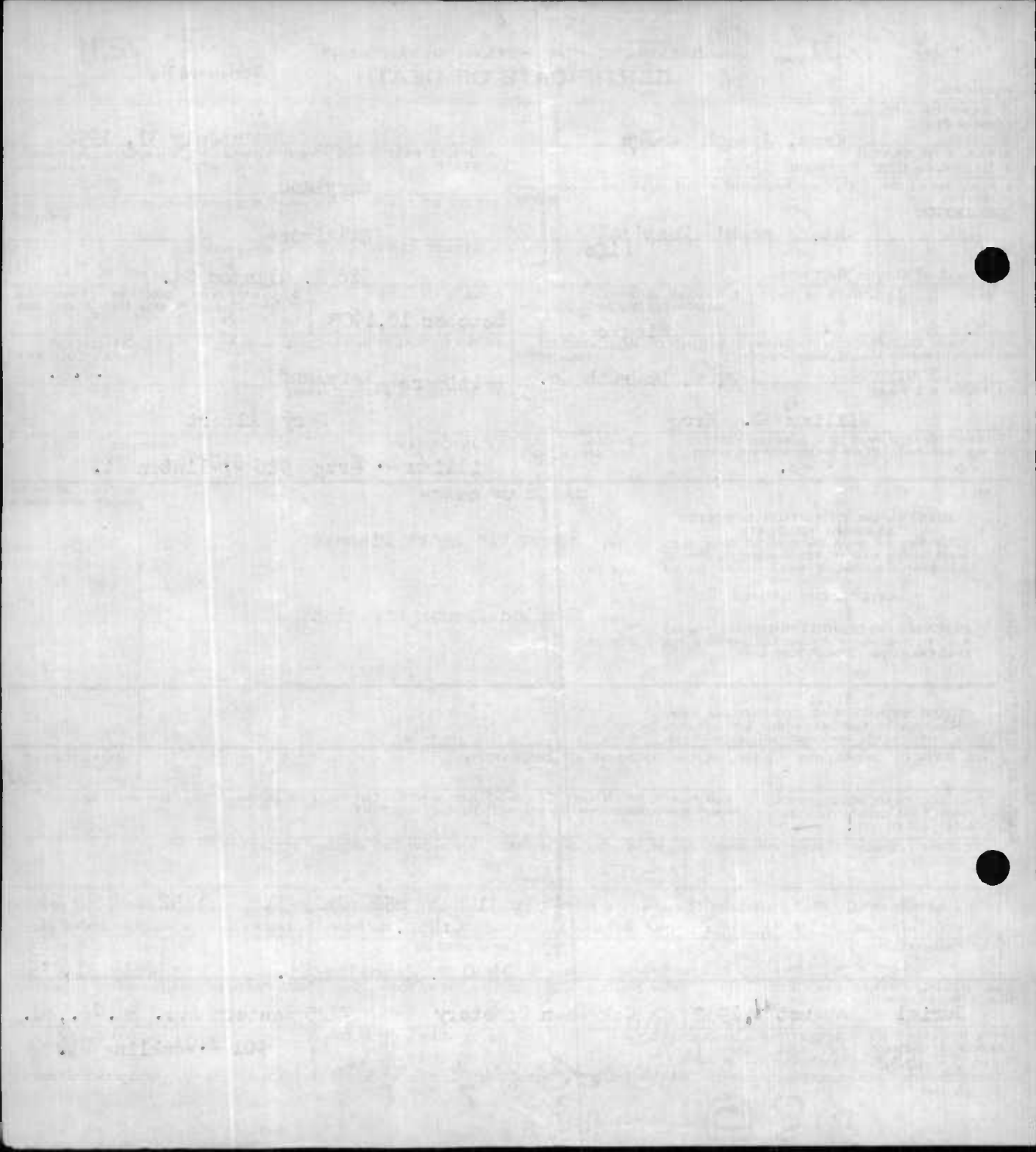
22. I hereby certify that I attended the deceased from **July 31, 1952**, to **July 31, 1952**, that I last saw the deceased alive on **July 31, 1952**, and that death occurred at **6:45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>John M. Kruger</b>		23B. ADDRESS <b>7100 N. Caroline St.</b>	23C. DATE SIGNED <b>July 31, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>August 4, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>7225 Eastern Ave. Ba. Co., Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>August 3, 1952</b>		25. FUNERAL DIRECTOR ADDRESS <b>Huntington Williams, 901 S. Conkling St.</b>	

VS 150

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MEDICAL CERTIFICATION



W-623  
52 7292BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7292  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mary Wright</b>		2. DATE OF DEATH <b>Aug 1-1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Balto.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>618 Warner St</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto. Md. 22-02</b>	
c. Length of stay in Baltimore <b>72</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>618 Warner Street</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>9-22-1875</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <b>none</b>	9. AGE (In years, last birthday) <b>77</b>
11. BIRTHPLACE (State or foreign country) <b>Chester Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Raymond Whitloe</b>		14. MOTHER'S MAIDEN NAME <b>Annie Sanders</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Elminia Taylor-618 Warner St.</b>		ADDRESS	

18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral hemorrhage</b> DUE TO <b>Hypertension</b> DUE TO <b>?</b>	CAUSE OF DEATH <b>Cerebral hemorrhage</b> <b>Hypertension</b> <b>?</b>	INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b> <b>?</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 28**, 19**52** to **Aug 1**, 19**52**, that I last saw the deceased alive on **Aug 1**, 19**52**, and that death occurred at **2 P** m., from the causes and on the date stated above.

23A. SIGNATURE <b>W. H. Watts</b> M. D.	23B. ADDRESS <b>5154 N. Eastern</b>	23C. DATE SIGNED <b>8/2/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug. 3-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Chester Maryland</b>
24D. LOCATION (City, town, or county) <b>Md.</b>		

DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 3-1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Willeson, MD</b>	25. FUNERAL DIRECTOR <b>Walter B. Spragg-139 W. Hamley St.</b>	ADDRESS
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THE UNIVERSITY OF CHICAGO

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*[Faint, illegible handwritten text covering the majority of the page]*

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7293**

BIRTH NO. **252 7293**

1. NAME OF DECEASED  
(Type or Print) **JARA ELIZABETH HAWKINS**

2. DATE OF DEATH **AUG 8/1/52**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE **MD** B. COUNTY **Baltimore**

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION **UNION MEMORIAL HOSP**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**TOWSON 4**

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)  
**GLEN ESK 5355**

5. SEX **F**

6. COLOR OR RACE **W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **S**

8. DATE OF BIRTH **OCT 12, 1868**

9. AGE (In years last birthday) **83** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**NONE**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
**MARYLAND**

12. CITIZEN OF WHAT COUNTRY?  
**USA**

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**EARLE T. HAWKINS SAME**

18. **199.9**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**CAUSE OF DEATH (NEPHEW)**  
(A) **Carcinomatosis**  
DUE TO

INTERVAL BETWEEN ONSET AND DEATH  
**?**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JULY 7, 1952** to **AUG 1, 1952**, that I last saw the deceased alive on **AUG 1, 1952** and that death occurred at **1:35 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Miss Elizabeth Perkins

MD

John Memorial

John A.

Green Elm

Copyright

2

Copyright

Philip Hart - Elizabeth Perkins

John A.

Copyright

3705 approved by Medical Examiner  
52 7294

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

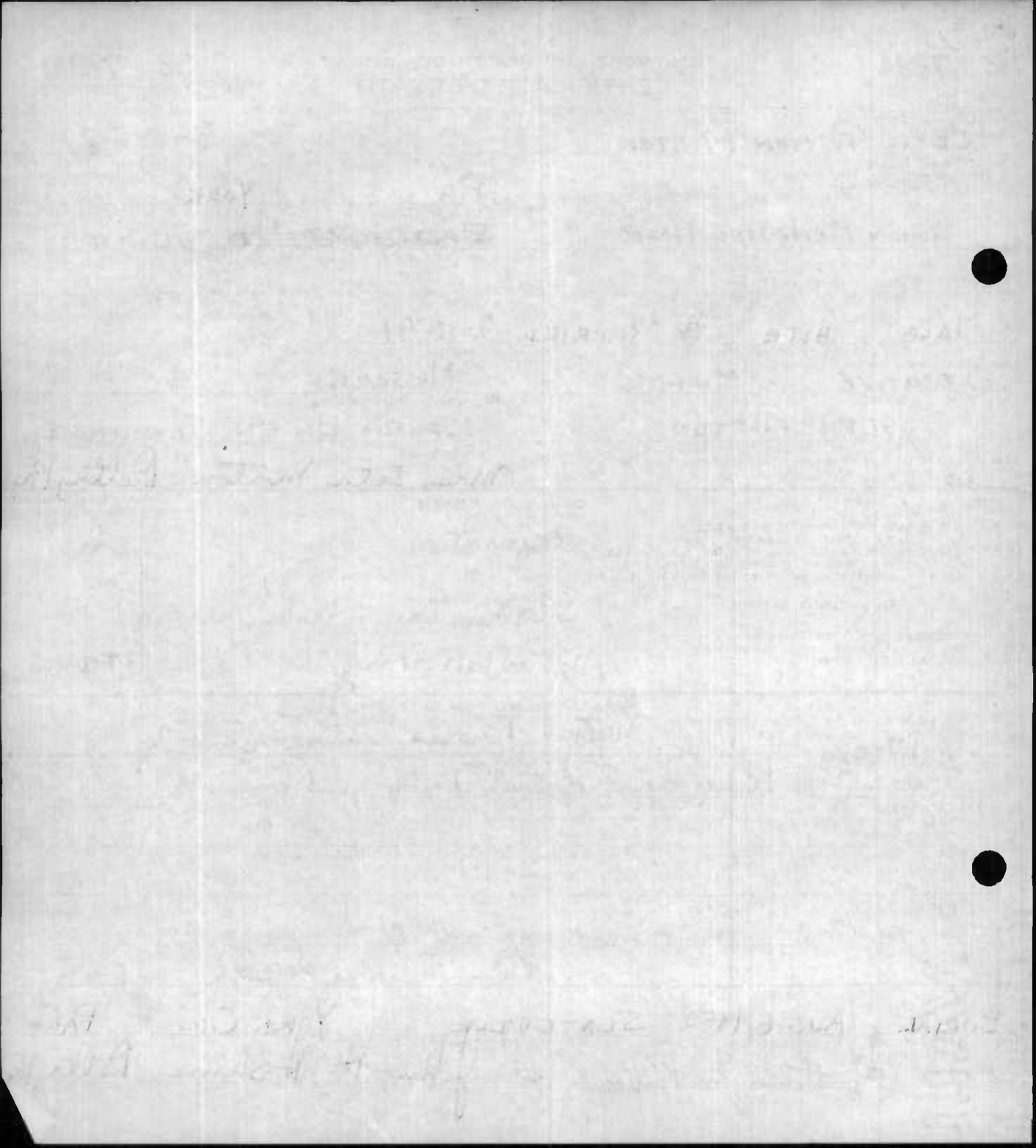
Registered No. 52 7294

BIRTH NO.

1. NAME OF DECEASED (Type and Print) <b>CECIL PEYTON MORTON</b>		2. DATE OF DEATH <b>8-3-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>PA</b> B. COUNTY <b>YORK</b> V-35	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSP.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE MD. DELTA</b>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>7-11-91</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>EXECUTIVE</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>MILLING</b>	
11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>JOSEPH MORTON</b>		14. MOTHER'S MAIDEN NAME <b>LAURA ELLEN JENNING'S</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Leta Morton</b>		ADDRESS <b>Delta, Pa.</b>	

18. <b>610X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Aspiration</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Obstruction, intestinal</b>		DUE TO <b>Prostatectomy</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT <b>Rheumatic heart disease, Mitral stenosis, cardiac hypertrophy</b>		DUE TO <b>17 days</b>	
19A. DATE OF OPERATION <b>8-3-52</b>		19B. MAJOR FINDINGS OF OPERATION <b>Large bowel obstruction, etiology undetermined</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>19</b> , to <b>19</b> , that I last saw the deceased alive on <b>8-3</b> , 19 <b>52</b> , and that death occurred at <b>7:50 Pm.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>Union Memorial Hospital</b>	
23C. DATE SIGNED <b>8-3-52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>AUG. 6, 1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>SLATEVILLE</b>		24D. LOCATION (City, town, or county) (State) <b>YORK CO. PA</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 4 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>John H. Haskins</b>		ADDRESS <b>Delta, Pa.</b>	

290 43





NOT A MEDICAL EXAMINER'S CASE

*William Smith* M.D.  
CHIEF OR ASST. MEDICAL EXAMINER

620  
AB-160085  
52 7296

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7296  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Ona Mae Parrish</b>		2. DATE OF DEATH <b>8-2-1952</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>11 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>730 E. Biddle St., zone 2</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 20-1902</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>50</b>
11. BIRTHPLACE (State or foreign country) <b>North Carolina</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>William Buckner</b>		14. MOTHER'S MAIDEN NAME <b>Laura Rector</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Baltimore City Hospitals</b>		ADDRESS <b>Records: 4940 Eastern Ave.</b>	
18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral vascular accident</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. HOW DID INJURY OCCUR?	
21e. TIME (Month) (Day) (Year) (Hour) INJURY		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>6-14</b> , 19 <b>52</b> to <b>8-2</b> , 19 <b>52</b> that I last saw the deceased alive on <b>8-2</b> , 19 <b>52</b> , and that death occurred at <b>12.40AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>4940 Eastern Ave., Baltimore, Md.</b>	
23c. DATE SIGNED <b>August 2, 1952</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 4, 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Baltimore</b>		24d. LOCATION (City, town, or county) (State) <b>Maryland</b>	
25. FUNERAL DIRECTOR <b>Huntington Williams, Jr.</b>		ADDRESS <b>730 E. Biddle St.</b>	

MEDICAL CERTIFICATION

THE NEW YORK

10/10/54

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 7297

BIRTH NO. 72-20558

1. NAME OF DECEASED (Type or Print) <u>Boy James</u>			2. DATE OF DEATH <u>8-3-54</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>Harford</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Luth HOIP</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTO MD 27-03</u>		
D. Length of stay in Baltimore <u>9</u> Yrs. <u>0</u> Mos. <u>0</u> Days			E. STREET ADDRESS (If rural, give location) <u>5103 Holbeck Ave</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>7-26-52</u>		9. AGE (In years last birthday) <u>2</u> Years <u>8</u> Months <u>0</u> Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Paul E. James Sr.</u>			14. MOTHER'S MAIDEN NAME <u>MARTHA H. M. James</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Paul E. James 5103 Holbeck Ave</u>		

<p>18. <u>754.4</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) <u>Congenital heart dis</u></p> <p>DUE TO</p> <p>(B)</p> <p>DUE TO</p> <p>(C)</p>		<p>INTERVAL BETWEEN ONSET AND DEATH</p>

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2-25-54, 1954 to 8-3-54, 1954, that I last saw the deceased alive on 8-3-54, 1954, and that death occurred at 3:50 AM, from the causes and on the date stated above.

23A. SIGNATURE Marion J. Thompson 23B. ADDRESS Luth Hosp 23C. DATE SIGNED 8-3-54

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24B. DATE 8/4/54 24C. NAME OF CEMETERY OR CREMATORY Provident Cem. 24D. LOCATION (City, town, or county) (State) Lock Raven MD

DATE RECEIVED BY LOCAL REGISTRAR AUG 4 - 1954 REGISTRAR'S SIGNATURE Huntington Williams, MD 25. FUNERAL DIRECTOR L. J. Kuck ADDRESS 5005 Maryland Rd

1917 82

CERTIFICATE OF DEATH

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2 7298

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7298  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Walter C. Allen</u>			2. DATE OF DEATH <u>Aug. 2, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u> C. CITY OR TOWN <u>Baltimore</u> (If outside corporate limits, write RURAL and give township) <u>27-06</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2816 Goodwood Rd.</u>			O. STREET ADDRESS (If rural, give location) <u>2816 Goodwood Rd.</u>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 4, 1875</u>	9. AGE (in years last birthday) <u>76</u>	If Under 1 Year Months: Days <u>10 28</u> If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Shipwright Ship Building</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Baltimore Md.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>John Allen</u>		14. MOTHER'S MAIDEN NAME <u>Frances Anne Webster</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>214-01-2146</u>		17. INFORMANT ADDRESS <u>Mrs. Leah Allen 2816 Goodwood Rd.</u>	
18. <u>155X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of gall bladder</u> DUE TO <u>c metastasis to liver, etc.</u> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____			CAUSE OF DEATH <u>Carcinoma of gall bladder</u> <u>c metastasis to liver, etc.</u> INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>July 1, 1952</u>		19B. MAJOR FINDINGS OF OPERATION <u>As above</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 30, 1952</u> , to <u>Aug. 2, 1952</u> , that I last saw the deceased alive on <u>Aug. 1, 1952</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Dr. Henry Haase</u>		23B. ADDRESS <u>4218 Harford Rd.</u>		23C. DATE SIGNED <u>AUG 8 1952</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24B. DATE <u>Aug. 4, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood Cemetery</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>		24E. NAME OF CEMETERY OR CREMATORY <u>Parkwood Cemetery</u>		24F. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 4 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Leonard J. Luck</u>	
				ADDRESS <u>5305 Harford Rd.</u>	

MEDICAL CERTIFICATION

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UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

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BUREAU OF PLANT INDUSTRY

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UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7299

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Martha Karavas

2. DATE  
OF  
DEATH

Aug 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Q3<sup>N</sup> Women Cl.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

Dundalk

D. STREET ADDRESS (If rural, give location)

379 New North Point Rd.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 22, 1896

9. AGE (In years  
last birthday)

56

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James Kilpatrick

14. MOTHER'S MAIDEN NAME

Anna Bradshaw

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Bilateral Kidney obstr. &  
uremia & Intest. obstruction, 72 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) CA of CX IC 3

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1, 1952 to 8-1, 1952, that I last saw the  
deceased alive on 8-1, 1952, and that death occurred at 10:55 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

8-1-52

JOHNS HOPKINS HOSPITAL

8/2/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

8-5-52

Moreland Mem

Taylor Ave Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 4 - 1952

Huntington Williams

Mrs Mildred J. Blight

6009 Harford Rd.

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

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WASHINGTON, D. C.

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WASHINGTON, D. C.

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BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

500  
52 7300  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7300

1. NAME OF DECEASED (Type or Print) <b>YETTA GERSH COHEN</b>		2. DATE OF DEATH <b>8-3-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>4516 Fairfax Road</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-17</b>	
C. Length of stay in Baltimore <b>40</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3103 Oakley Ave</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>65</b>
11. BIRTHPLACE (State or foreign country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Daniel Karpman</b>		14. MOTHER'S MAIDEN NAME <b>Ida Rosenfeld</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Morris Goldberg</b>		ADDRESS <b>Same</b>	
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>DEGENERATIVE CARDIOVASCULAR DISEASE WITH ARTERIOSCLEROSIS AND HYPERTENSION</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Coronary Thrombosis</b>		CAUSE OF DEATH <b>DEGENERATIVE CARDIOVASCULAR DISEASE WITH ARTERIOSCLEROSIS AND HYPERTENSION</b> INTERVAL BETWEEN ONSET AND DEATH <b>one hour</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan. 1952</b> to <b>8-3-1952</b> that I last saw the deceased alive on <b>8-1-1952</b> and that death occurred at <b>11:45 p.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>A. A. Sussman</b> M. D.		23B. ADDRESS <b>1109 N. Calvert St</b>	
23C. DATE SIGNED <b>8-3-52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>8-4-52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>MT LEBONON CEM</b>		24D. LOCATION (City, town, or county) (State) <b>New York N.Y.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 4 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
25. FUNERAL DIRECTOR <b>Max Lewis</b>		ADDRESS <b>2100 Cent Ave</b>	

Successor

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7301

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Fannie Weiner</i>		2. DATE OF DEATH <i>8-3-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital of Balto</i>		C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township)	
D. STREET ADDRESS (If rural, give location) <i>5802 Bland Ave</i>		E. LENGTH OF STAY IN BALTIMORE <i>51</i> Yrs. <input checked="" type="checkbox"/> Mos. <input type="checkbox"/> Days	
5. SEX <i>H</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>7-5</i>
9. AGE (In years last birthday) <i>75</i>		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Austria</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Not known</i>		14. MOTHER'S MAIDEN NAME <i>Sarah</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Michael Weiner - Same</i>		ADDRESS	

18. <i>420.1 and 236X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) <i>H.S. CVD - Coronary Insufficiency - Cordis Triplex</i>	CAUSE OF DEATH <i>Bladder Tumor</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>8-4-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7-24</i> 1952 to <i>8-3</i> 1952 that I last saw the deceased alive on <i>8-3</i> 1952 and that death occurred at <i>2:30</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>Sever's Hosp. - Balto</i>		23C. DATE SIGNED <i>8-3-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8-4-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arvering Run</i>	
24D. LOCATION (city, town, or county) <i>Balto, Md</i>		24E. STATE		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 4 - 1952</i>		25. FUNERAL DIRECTOR <i>Jack Lewis</i>		ADDRESS <i>2100 Canton Pl</i>	

1987-88

STATE OF TEXAS

1987-88



500  
2 7302BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7302

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Daniel L. Kuhn</i>		2. DATE OF DEATH <i>8/2/52</i>	
3. PLACE OF DEATH: A. <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>21-01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1141 Scott St.</i>		C. CITY OR TOWN (If outside corporate limits, write REAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1141 Scott St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>8/23/1890</i>
10A. USUAL OCCUPATION (Give kind of work done, or nature of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Distributing Circulars</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>George C. Kuhn</i>		14. MOTHER'S MAIDEN NAME <i>Christina Labor</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mr. William H. Kuhn</i>		ADDRESS <i>1141 Scott St.</i>	

18. *161X* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
CAUSE OF DEATH *Carcinoma of Larynx*  
(A) .....  
DUE TO .....  
INTERVAL BETWEEN ONSET AND DEATH *5 months*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .....  
DUE TO .....  
(C) .....II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

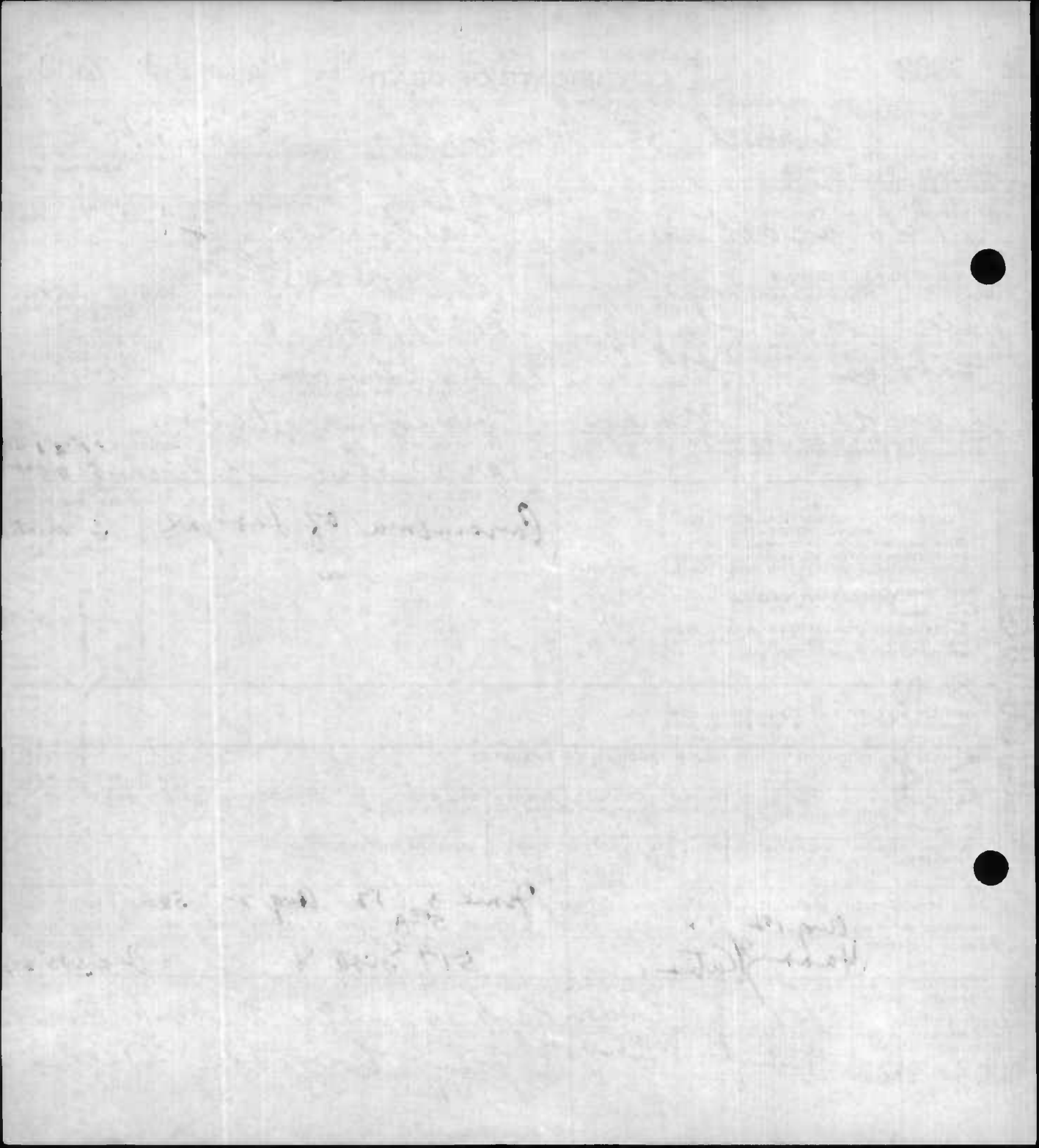
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *June 3, 1952* to *Aug 2, 1952* that I last saw the deceased alive on *Aug 1, 1952* and that death occurred at *5:00 Am.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Harry Cates</i> M. D.	23B. ADDRESS <i>517 Scott St</i>	23C. DATE SIGNED <i>Aug. 2/52</i>
---	-------------------------------------	--------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/5/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>London Park Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>3801 Frederick Ave. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 4 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
VS 150		25. FUNERAL DIRECTOR <i>John J. Bowman &amp; Son</i>	

97080



-630

52 7303

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7303

1. NAME OF DECEASED (Type or Print) <i>Annette Merritt</i>			2. DATE OF DEATH <i>8/1/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. Md.</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1621 Miller St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1621 Miller St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Dec. 22, 1889</i>	9. AGE (In years last birthday) <i>69</i>	If Under 1 Year Months: Days If Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At Home</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>William Moore</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>—</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Betram Merritt</i> ADDRESS <i>7112 N. Belaski St.</i>		

18. *443X and 151X*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *April 5, 1952* to *July 1, 1952*, that I last saw the deceased alive on *July 28, 1952* and that death occurred at *7 A. m.*, from the causes and on the date stated above.

23. SIGNATURE *F. K. Adams* M. D. 23B. ADDRESS *1222 N. Caroline* 23C. DATE SIGNED *8-2-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/4/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Int. Zigu</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 4 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
VS 150		FUNERAL DIRECTOR <i>1216 N. Caroline St.</i>	

MEDICAL CERTIFICATION

200

CERTIFICATE OF DEATH

STATE OF TEXAS  
COUNTY OF DALLAS  
CITY OF DALLAS  
I, the undersigned, a duly qualified and licensed physician, do hereby certify that on the 10th day of June, 1901, at the City of Dallas, State of Texas, I attended the deceased, and that the cause of death was

HEART DISEASE

which was the result of a long and painful illness, and that the deceased was at the time of death in the full possession of his faculties, and that he died peacefully, and that the death was not the result of any violence, or of any criminal act, or of any disease of the mind, or of any other cause, and that the death was the result of natural causes.

Witness my hand and the seal of my office, this 10th day of June, 1901.

JOHN W. BROWN, M.D.  
Physician

Subscribed and sworn to before me this 10th day of June, 1901.

JOHN W. BROWN, Notary Public for the State of Texas.

My commission expires the 10th day of June, 1902.

JOHN W. BROWN, Notary Public for the State of Texas.

My commission expires the 10th day of June, 1902.

JOHN W. BROWN, Notary Public for the State of Texas.

My commission expires the 10th day of June, 1902.

JOHN W. BROWN, Notary Public for the State of Texas.

352  
7304

17835

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7304  
Registered No.

BIRTH NO. 52-

1. NAME OF DECEASED  
(Type or Print)

BABY BOY STINCHCOMB

2. DATE  
OF  
DEATH

8-2-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE

MD

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE, MD

d. STREET ADDRESS (If rural, give location)

2206 MT HOLLY ST

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8-1-52

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

1 1 24

10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM C. STINCHCOMB

14. MOTHER'S MAIDEN NAME

Aileen COLLINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 761.5

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

ATELECTASIS

13' 24"

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Prematurity - 1,000g

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Premature Rupt. membranes -  
(maternal) - 24hrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1952, to Aug 2, 1952, that I last saw the  
deceased alive on Aug 2, 1952, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 4 - 1952

Huntington Williams, MD

William Cook Inc

VS 150

7 3/2/2 St. Paul St.

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240  
7305BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7305

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>NELLIE E. Quigley</b>			2. DATE OF DEATH <b>Aug. 2, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2015 E. 30th Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>2015 Esat 30th St.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 30, 1880</b>	9. AGE (in years last birthday) <b>72</b>	11 Under 1 Year Months: _____ Days: _____ 11 Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <b>Jacob Waltjen</b>			14. MOTHER'S MAIDEN NAME <b>Mary Kirby</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mrs Howard Krieger, 2015 E. 30th St.</b>			ADDRESS		

18. <b>201X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Hodgkins Disease</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Chronic myocarditis arteriosclerosis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>Two years</b>
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II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>October 11, 1952</b>	19B. MAJOR FINDINGS OF OPERATION <b>Lymphatic glands showing Hodgkin Disease</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct 11**, 19**52**, to **Aug. 2**, 19**52**, that I last saw the deceased alive on **Aug. 1**, 19**52**, and that death occurred at **12:01 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE <b>H. M. F. Fied</b>	23B. ADDRESS <b>#316 Medical Arts Bldg.</b>	23C. DATE SIGNED <b>Aug 2, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>8/5/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		

DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 4 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>W. M. Cook</b>	ADDRESS <b>1214 St Paul St</b>
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7306**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>FREDERICK BRIGGS</b>			2. DATE OF DEATH <b>Aug. 3, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>4728 Dunkirk Rd.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>4728 Dunkirk Rd.</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>July 21, 1887</b>		9. AGE (In years last birthday) <b>65</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>August Staaf - Meats</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Thomas Briggs</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>212-30-8909</b>	17. INFORMANT ADDRESS <b>Mrs. John S. Mills 4728 Dunkirk, Rd.</b>		

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <b>Myocarditis with failure</b> DUE TO (B) <b>Hypertension</b> DUE TO (C) <b>Generalized arteriosclerosis</b>  INTERVAL BETWEEN ONSET AND DEATH <b>9 mos.</b>  <b>1 yr.</b>  <b>2 yrs.</b>
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1951, to Aug 3, 1952, that I last saw the deceased alive on Aug 2, 1952, and that death occurred at 10 A m., from the causes and on the date stated above.

23A. SIGNATURE <b>Thomas B. Kreiker</b>	23B. ADDRESS <b>548 Fulton Ave.</b>	23C. DATE SIGNED <b>8-4-52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>8/6/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Western Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 4 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington W. [Signature]</b>	25. FUNERAL DIRECTOR <b>Wm. J. Tucker &amp; Sons</b>	ADDRESS <b>Inc. Ball's and [Signature]</b>
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# CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

52 7307

260  
52 7307  
REG-161574

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John McGraw (MI-J)

2. DATE OF DEATH July 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE Baltimore City Hospitals  
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)  
Baltimore 1203

C. Length of stay in Baltimore

5. SEX Male 6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married

D. STREET ADDRESS (If rural, give location)  
317 E. 28th Street

8. DATE OF BIRTH (Month - Day - Year)  
(Absent - 11-8-88)  
Dec. 17, 1887

9. AGE (In years and birthday)  
(64-1) 64

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Cab Driver

10B. KIND OF BUSINESS OR INDUSTRY  
Transportation

11. BIRTHPLACE (State or foreign country)  
? Unknown

12. CITIZEN OF WHAT COUNTRY?  
-

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Records: B. C. H. 4940 Eastern Avenue

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia  
DUE TO

INTERVAL BETWEEN ONSET AND DEATH  
Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral vascular accident  
DUE TO

Unknown

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-30 1952, to 7-31 1952, that I last saw the deceased alive on 7-31 1952, and that death occurred at 9:45A m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Ogen M. D.

23B. ADDRESS  
4940 Eastern Avenue

23C. DATE SIGNED  
8-2-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

8/6/52

St. Peters Cem.

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 4 - 1952

Huntington Williams, MD

Wm. J. Jackson & Sons Inc. Balto Md

VALLEY  
CONGRESS

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7308  
Registered No.

520  
7308  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ROBT. LLOYD JONES</b>			2. DATE OF DEATH <b>8-2-52</b>		
3. PLACE OF DEATH: <b>UNION MEMORIAL HOSP.</b> a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MD</b> b. COUNTY <b>BALTO</b>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSP</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE MD</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <b>5500 SPRING LAKE WAY</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>3-25-94</b>		9. AGE (In years last birthday) <b>58</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ASST. GEN'L CLAIM AGENT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>B.O. P.R.</b>	11. BIRTHPLACE (State or foreign country) <b>NEW JERSEY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>ROBT E JONES</b>			14. MOTHER'S MAIDEN NAME <b>SARAH COLEHOWER</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT ADDRESS <b>Mrs. VIRGINIA W. JONES. AS ABOVE</b>		
18. <b>572.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Gastro-Intestinal bleeding</b> DUE TO (B) <b>Diverticulosis of colon</b> DUE TO (C) _____ <b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 week</b>					
19. <b>II</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>ANTECEDENT CAUSES</b>  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <b>7-28-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>GI BLEEDING</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7-27</b> , 19 <b>52</b> to <b>8-2</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>8-2</b> , 19 <b>52</b> , and that death occurred at <b>3:00 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Haverly S. Green, Jr.</b>		23b. ADDRESS <b>Union Memorial Hosp.</b>		23c. DATE SIGNED <b>8-2-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>8/5/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LORRAINE PK. CEM.</b>	
				24d. LOCATION (City, town, or county) (State) <b>WOODLAWN, MD</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 4 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Wm. J. Jackson, Son Inc Balt Md.</b>	

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MEDICAL CERTIFICATION

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# CERTIFICATE CORRECTED

8-29-52

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 52 7309

256  
52 7309  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JANET B. GASCOYNE		2. DATE OF DEATH 1st, Aug. 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2 Harvest Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 2 Harvest Rd.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 10, 1888
9. AGE (In years, last birthday) 64	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY? USA
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10B. KIND OF BUSINESS OR INDUSTRY -	
13. FATHER'S NAME Wm. Reed Barnes		14. MOTHER'S MAIDEN NAME Lillian Peat	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mr. Eugene Scharf		ADDRESS 2 Harvest Rd.	

MEDICAL CERTIFICATION

### CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 443X	(A) Cerebro Vascular Accident	INTERVAL BETWEEN ONSET AND DEATH 1 week
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Hypertensive Cardiovascular Disease	years.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1952, to April 26, 1952, that I last saw the deceased alive on April 26, 1952, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE J. Frank Scharf, Jr.	M. O. 1014 St Paul St.	23B. ADDRESS	23C. DATE SIGNED Aug 3, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/4/52	24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR AUG 4 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Hon. J. J. [unclear] [unclear] Inc. Belts md.	ADDRESS
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52 7310  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7310

1. NAME OF DECEASED (Type or Print) <b>WILLIAM J. GASCOYNE JR.</b>			2. DATE OF DEATH <b>August 2, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>2 Harvest Road</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 4 1887</b>		9. AGE (In years last birthday) <b>65</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dr. of Chemistry</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Chemists-Analytical</b>	11. BIRTHPLACE (State or foreign country) <b>Richmond, Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Wm. J. Gascoyne Sr.</b>			14. MOTHER'S MAIDEN NAME <b>Lucilla Clary</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT ADDRESS <b>Eugene A. Scharf, 2 Harvest Rd.</b>		

18. <b>E971.8</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cyanide poisoning</b> (A) ..... DUE TO <b>ANTECEDENT CAUSES</b> (B) ..... DUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>2 Harvest Road</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>August 2, 1952 12:30 A.m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Ingestion of cyanide</b>	
22. I certify that I took charge of the remains described above, held an <b>Partial Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William J. Gascoyne Jr.</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>August 2, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>8/4/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>		24E. FUNERAL DIRECTOR <b>Huntington Williams</b>		24F. ADDRESS <b>2 Harvest Road</b>	

V S 151 N979x

00782



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 7311

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**BLANCHE N. HOWARD**

2. DATE OF DEATH **Aug. 1, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE **Maryland**  
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**3111 Loch Raven Road**

C. CITY OR TOWN (If outside corporate limits, give rural and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)

**3111 Loch Raven Road**

5. SEX

**F**

6. COLOR OR RACE

**W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH

**Oct. 13, 1883**

9. AGE (In years, last birthday)

**68**

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housework**

10B. KIND OF BUSINESS OR INDUSTRY

**at home**

11. BIRTHPLACE (State or foreign country)

**Penna.**

12. CITIZEN OF WHAT COUNTRY?  
**USA**

13. FATHER'S NAME

**James E. Strachan**

14. MOTHER'S MAIDEN NAME

**? Haversick**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

**?**

17. INFORMANT **3111 Loch Raven Rd. 18**  
**Mr. Walter Howard**

**CAUSE OF DEATH**

18. **442X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral hemorrhage with hemiparesis (R) 1 yr.**  
DUE TO **Hypertension, Cerebrovascular disease**  
**Renal disease**

INTERVAL BETWEEN ONSET AND DEATH

**7 yrs.**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from **April**, 1952, to **Aug 1**, 1952, that I last saw the deceased alive on **July 31, 1952**, and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

**Lloyd E. Taylor**

23B. ADDRESS

**3902 Greenmountain, Balto. 1, Md.**

23C. DATE SIGNED **Aug. 1, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**burial**

24B. DATE

**8/4/52**

24C. NAME OF CEMETERY OR CREMATORY

**Parkwood Cemetery**

24D. LOCATION (City, town, or county) (State)

**Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

**AUG 4 - 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**HENRY SANDER & SONS, INC.**

ADDRESS

**BALTO., 330 MD. Sg. T. Sander**

188 32

RECEIVED BY THE UNITED STATES GOVERNMENT

STATE OF TEXAS



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7312**

**520**  
Birth No. **527312**

1. NAME OF DECEASED (Type or Print) <b>MRS. EVA FINK</b>			2. DATE OF DEATH <b>8/3/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>MERCY HOSP</b>			4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>Barren</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <b>MERCY HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>WESTMINSTER 5641</b>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>157 W. MAIN ST.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>April 23 1910</b>	9. AGE (In years last birthday) <b>41</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>William E Palmer</b>			14. MOTHER'S MAIDEN NAME <b>Sarah N Haines</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Chas R Fink</b> ADDRESS <b>WESTMINSTER</b> <input checked="" type="checkbox"/>		

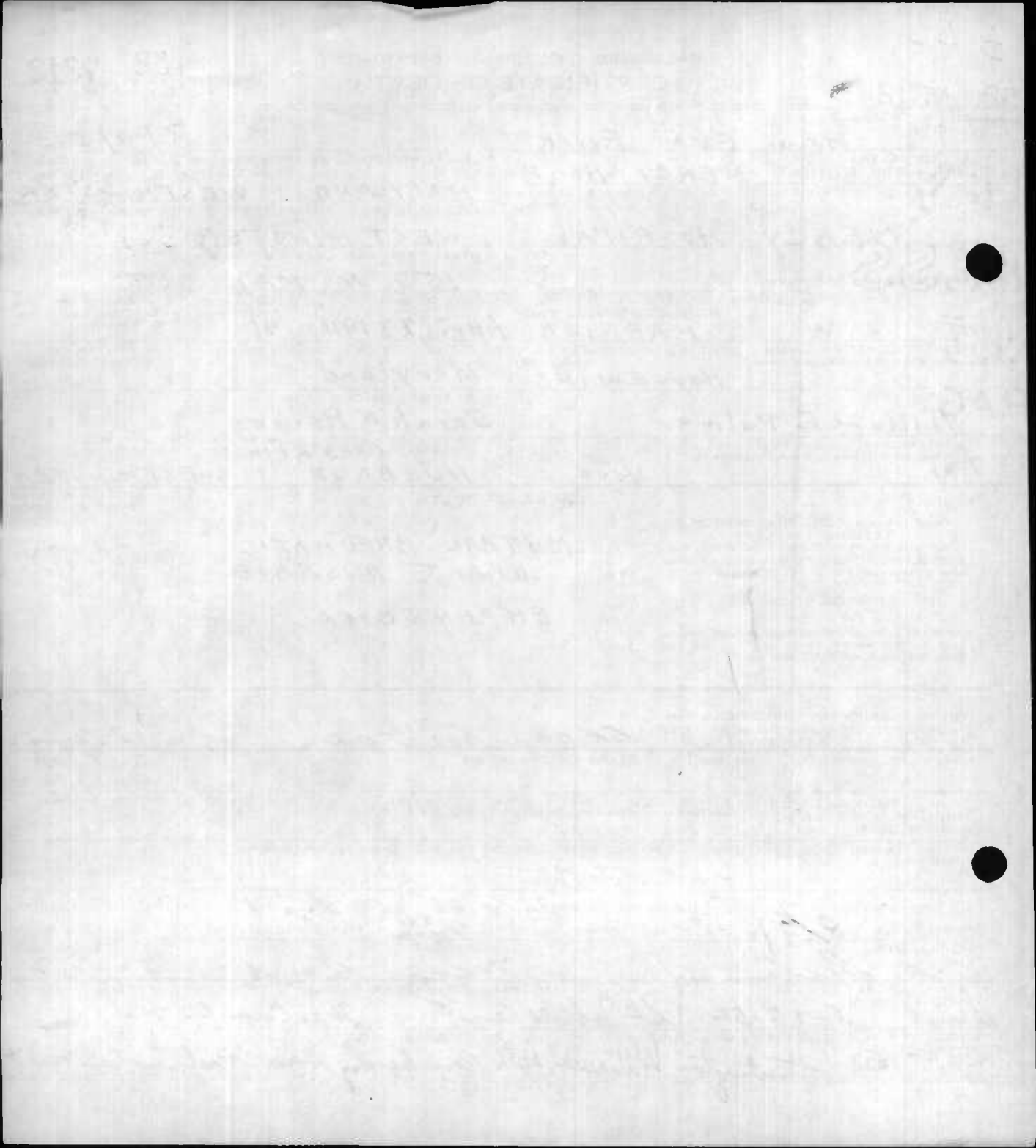
18. <b>410X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) <b>MITRAL RHEUMATIC HEART DISEASE</b> DUE TO		<b>2 1/2 yrs</b>
(B) <b>EMPHYSEMA</b> DUE TO		
(C)		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>BRONCHIECTASIS</b>		28 yrs
19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 28, 1952** to **Aug 3, 1952**, that I last saw the deceased alive on **8/3**, 1952, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>C. R. [Signature]</b>	23B. ADDRESS <b>Westminster Md</b>	23C. DATE SIGNED <b>8/4/52</b>
--	---------------------------------------	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug 7-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St Johns Cem</b>	24D. LOCATION (City, town, or county) (State) <b>Westminster Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 4 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Bankhardy Sons Westminster Md</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7313  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

*Anna Bogdon*

2. DATE  
OF  
DEATH

*8-2-1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

*141 N. Highland Ave.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

*Maryland*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore*

D. STREET ADDRESS (If rural, give location)

*141 N. Highland Ave.*

5. SEX

*F*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*Single*

8. DATE OF BIRTH

*11-29-1889*

9. AGE (In years last birthday)

*63*

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Housewife*

10B. KIND OF BUSINESS OR INDUSTRY

*-*

11. BIRTHPLACE (State or foreign country)

*Poland*

12. CITIZEN OF WHAT COUNTRY?

*U.S.A.*

13. FATHER'S NAME

*Michael Bechotovsky*

14. MOTHER'S MAIDEN NAME

*?*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*No*

16. SOCIAL SECURITY NO.

*-*

17. INFORMANT

*Rose Barnickel (Same)*

ADDRESS

18. *415X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

*(A) Rheumatic Cardiovascular; Stroke May 7/52*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

*(B) Chronic Myocarditis May 12/52*

*(C) Myocardial Failure July 19/52*

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Stroke*

19A. DATE OF OPERATION

*None*

19B. MAJOR FINDINGS OF OPERATION

*Stroke*

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☒ CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

*Home*

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

*Home*

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

*None*

21E. INJURY OCCURRED  
WHILE AT WORK ☐ WHILE AT WORK ☐

m. ☐ n. ☐

21F. HOW DID INJURY OCCUR?

*Stroke*

22. I hereby certify that I attended the deceased from *May 17, 1952* to *Aug 2, 1952*, that I last saw the deceased alive on *Aug 1, 1952* and that death occurred at *7:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

*Edmund*

23B. ADDRESS

*8421 East Ave*

23C. DATE SIGNED

*8-4-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*8-5-1952*

24C. NAME OF CEMETERY OR CREMATORY

*St. Stanislaus*

24D. LOCATION (City, town, or county) (State)

*Dundalk Ave Md*

DATE RECEIVED BY LOCAL REGISTRAR

*AUG 4 - 1952*

REGISTRAR'S SIGNATURE

*Huntington Williams*

25. FUNERAL DIRECTOR

*John J. Della Dora*

ADDRESS

*Hudson St. Linwood Ave.*

2130

55

RECEIVED THE HONORABLE  
SECRETARY OF THE ARMY

2130



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7314  
Registered No.

246  
52 7314  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Ziegler</i>			2. DATE OF DEATH <i>August 3, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>South Baltimore General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. Length of stay in Baltimore <i>67</i>			E. STREET ADDRESS (If rural, give location) <i>1504 Latrobe Park Terrace</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>June 2, 1885</i>	9. AGE (In years last birthday) <i>67 yrs.</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>America</i>
13. FATHER'S NAME <i>William Sullivan</i>			14. MOTHER'S MAIDEN NAME <i>Ann McGuire Ireland</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT ADDRESS <i>Gordon Ziegler 1504 Latrobe Park Terrace</i>		

18. <i>443X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A)	<i>UREMIA</i>	<i>23 days</i>	
DUE TO		<i>Hypertensive Cardiovascular disease</i>			
ANTECEDENT CAUSES		(B)	<i>CONGESTIVE HEART FAILURE</i>	<i>24 days</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)	<i>Hypertensive Cardiovascular disease</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED M. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *July 11*, 1952, to *Aug. 3*, 1952, that I last saw the deceased alive on *Aug. 2*, 1952, and that death occurred at *2:10 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>W. W. Conway</i>	23B. ADDRESS <i>South Baltimore Gen. Hosp.</i>	23C. DATE SIGNED <i>Aug. 3, 1952</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Aug 4-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross</i>	24D. LOCATION (City, town, or county) (State) <i>Pitcher Highway</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 4 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>W. W. Conway</i>	ADDRESS <i>56 E. Carroll</i>

100

100

100

100



500 AB-161518  
52 7315

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7315  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		Sadie Roane		2. DATE OF DEATH		8-1-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)				A. STATE Maryland			
Baltimore City Hospitals 4940 Eastern Ave.				B. COUNTY			
C. CITY OR TOWN (If outside corporate limits, give rural and give township)				Baltimore			
D. STREET ADDRESS (If rural, give location)				2020 Rayner Ave.-zone 17			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
F		N		Married		August 30-1910	
9. AGE (In years last birthday)		10. UNDER 1 YEAR Months: Days		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
41				Maryland			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY			
Domestic							
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Albert Russ				Lucy Meridith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT			
No				Baltimore City Hospitals Records: 4940 Eastern Ave.			

MEDICAL CERTIFICATION

18. 331X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral vascular accident		unknown	
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from 7-28, 1952, to 8-1, 1952 that I last saw the deceased alive on 8-1, 1952, and that death occurred at 8.10P.M., from the causes and on the date stated above.

23A. SIGNATURE *C. J. Choyan* M.D. 23B. ADDRESS 4940 Eastern Ave., Baltimore, Md. 23C. DATE SIGNED August 2, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		Aug 5, 1952		Stevensville		Stevensville Md	
DATE RECEIVED BY		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR		ADDRESS	
AUG 4 - 1952		<i>W. Williams</i>		<i>W. Williams</i>		322 N. Scholard St	

W. H. LEX  
CONFESS  
BOND  
FOR THE  
D. S. A.

W. H. LEX, 1000 10th St., St. Louis, Mo.

200  
52 7316

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7316  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Thelma Lewis

2. DATE  
OF  
DEATH

AUG 2- 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore

15-01

D. STREET ADDRESS (If rural, give location)

1608 N. Calhoun St

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

female colored

married

9-25-01

50

10A. USUAL OCCUPATION (Give kind of  
work done during most of worklog life, even if retired)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

John Green

Belleview Md.  
Jesse Hastings

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

No

JOHNS HOPKINS HOSPITAL

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, assthonia, etc. It means the disease,  
injury or complication which caused death.)

(A) Intest obstr pulmonary  
embolism.

7/31/52  
↓  
8/2/52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Carcinoma ovary Papillary  
cystadenoma; advanced.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

7/10/52

✓

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 7-31-1952 to 8-2-1952 that I last saw the  
deceased alive on 8-2-1952, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dr. Hammann

JOHNS HOPKINS HOSPITAL

8/2/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

8/6/1952

Coston Plot

Coston Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 4-1952

Huntington Williams

Mrs. Katie R. Williams

Schweh St.

STATEMENT OF DEBIT  
DEBIT STATE OF DEBIT

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 7317

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

RICHARD

GOVENS

2. DATE  
OF  
DEATH

August 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

500 Kirby Lane

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 27, 1950

9. AGE (In years  
last birthday)

2

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Hamme Govan

14. MOTHER'S MAIDEN NAME

Willie Gaston

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

William Fures 500 Kirby Lane

18. E900.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Craniocerebral injury

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

500 Kirby Lane

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

July 24, 1952 ?

m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped and fell down steps

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William Fures

M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

August 2, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)DATE RECEIVED BY  
LOCAL REGISTRAR

24B. DATE

Aug 4, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Mrs Kate Williams Schuler

VS 151

N 854.2

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7318**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**John B. Hatfield,**

2. DATE

OF DEATH **Aug. 2, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

**3309 Hayward Ave.,**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

**Md.**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore,**

D. STREET ADDRESS (If rural, give location)

**3309 Hayward Ave.**

C. Length of stay in Baltimore

**20 years**

Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**Sept. 15, 1905**

9. AGE (In years last birthday)

**46**

10. Under 1 Year Months: Days  
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Owner & Trainer**

10B. KIND OF BUSINESS OR INDUSTRY

**Race Horses**

11. BIRTHPLACE (State or foreign country)

**Howard County, Md.**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13. FATHER'S NAME

**Thomas Patrick Hatfield,**

14. MOTHER'S MAIDEN NAME

**Hannorah Brown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

**217-16-0037**

17. INFORMANT

ADDRESS

**Mrs. Thelma Hatfield, 3309 Hayward Ave.**

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) .....

DUE TO

**Myocardial infarction 4 wks**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 1, 1952** to **Aug 2, 1952**, that I last saw the deceased alive on **Aug 2, 1952** and that death occurred at **1:00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

**James R. Karns**

M. D.

23B. ADDRESS

**700 Cathedral St.**

23C. DATE SIGNED

**Aug 4, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**burial**

24B. DATE

**Aug. 5, 1952**

24C. NAME OF CEMETERY OR CREMATORY

**Druid Ridge**

24D. LOCATION (City, town, or county) (State)

**Pikesville, Balto. Co. Md.**

DATE RECEIVED BY LOCAL REGISTRAR

**AUG 4 - 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, 4611 Park Heights Ave.**

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MEDICAL CERTIFICATION

John S. Satterfield, Secretary

Washington, D. C.

THE SECRETARY

Yours very truly,

John S. Satterfield

October 12, 1918

Dear Sir:

Enclosed

is

One copy of the report of the

Committee on the

subject of

the proposed

to the Secretary of the Department of Agriculture

Very respectfully,  
John S. Satterfield

cc: The Secretary of the Department of the Interior

and the Secretary of the Department of the Navy

for their information and consideration

Very truly yours,

John S. Satterfield

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7319**

**460**  
**2 7319**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>EDGAR TYLER</b>			2. DATE OF DEATH <b>July 31, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>US Public Health Service Hospital</b> <b>Wyman Pk. Drive &amp; 31st Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>717 Mosher Street</b>			14-02		
5. SEX <b>M</b>			6. COLOR OR RACE <b>ool</b>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			8. DATE OF BIRTH <b>1/15/84</b>		
9. AGE (in years last birthday) <b>68</b>			10. UNDER 1 Year Months: Days: Hours: Min.		
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Nathan Tyler</b>			14. MOTHER'S MAIDEN NAME <b>Mary Bowie</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b>			16. SOCIAL SECURITY NO. <b>218-01-5744</b>		
17. INFORMANT <b>Records- US PHS Hospital, Balto, Md.</b>			ADDRESS		

18. <b>148x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of pharynx &amp; metastases 2 yrs.</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Carcinoma of prostate &amp; metastases 1 yr.</b>		
DUE TO		
DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 14</b> , 19 <b>52</b> to <b>July 31</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>July 31</b> , 19 <b>52</b> , and that death occurred at <b>10:20 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>LeRoy K. Mills, M.D.</b>		23B. ADDRESS <b>US PHS Hospital, Balto, Md.</b>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>8/5/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Balto. National</b>	
24D. LOCATION (City, town, or county) <b>Baltimore 1, Md.</b>		24E. (State)			
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 4 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Arlington G. Phillips</b>	
ADDRESS <b>1808 N. Monroe St</b>		1952-08-07		97099	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7320  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Elizabeth Urganhart</i>		2. DATE OF DEATH <i>8-3-52</i>	
3. PLACE OF DEATH a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Md.</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Johns Hopkins Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>430 N. Caroline St 5-01</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>Oct. 4, 1930</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>21</i>
13. FATHER'S NAME <i>William Urganhart</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Mary Massenburg</i>	
		17. INFORMANT <i>Mary Urganhart</i> ADDRESS	

18. *002X*

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Pulmonary Tuberculosis*  
DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)   
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: *natural causes* ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE <i>William Urganhart</i>		23b. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23c. DATE SIGNED <i>8-3-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug. 6 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	
24d. LOCATION (City, town, or county) (State) <i>A.A. County Md.</i>		25. FUNERAL DIRECTOR <i>Mrs. Robt. G. Elliott &amp; Daughter</i>		ADDRESS <i>1134 N. Caroline St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 4 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Md.</i>			

MEDICAL CERTIFICATION

8-3-25

1. 1st Report

2. 2nd Report

Pulmonary tuberculosis

1. 1st Report

8-3-25

1. 1st Report

620  
52 7321BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7321

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Marie Mason Dorsey</b>			2. DATE OF DEATH <b>August 1, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>936 N. Eutaw Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>936 N. Eutaw Street</b>			Yrs. Mos. Days		
5. SEX <b>F</b>			6. COLOR OR RACE <b>Negro</b>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			8. DATE OF BIRTH <b>8 5/10/94</b>		
9. AGE (In years last birthday) <b>58</b>			10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Days work</b>		
11. BIRTHPLACE (State or foreign country) <b>Washington, D.C.</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Robert Mason</b>			14. MOTHER'S MAIDEN NAME <b>Lena Mason</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>214-14-3406</b>		
17. INFORMANT <b>Edward Kent</b>			ADDRESS <b>347 W. Preston St.</b>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>434.3</b> <b>Pericardial Translocation</b> <b>Valvular heart disease</b> <b>Produce Decoction</b>			CAUSE OF DEATH <b>3</b> <b>14</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>3-14-1951</b> , to <b>8-1-1952</b> that I last saw the deceased alive on <b>7/31</b> , 19 <b>52</b> and that death occurred at <b>9 4</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>J. D. [Signature]</b>			23B. ADDRESS <b>1422 E. Chase St</b>		
23C. DATE SIGNED <b>8/2/52</b>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			24B. DATE <b>8/4/52</b>		
24C. NAME OF CEMETERY OR CREMATORY <b>Mount Auburn</b>			24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 4 - 1952</b>			REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		
25. FUNERAL DIRECTOR <b>Charles R. Law</b>			ADDRESS <b>802 Madison Ave.</b>		

VS 150

195-2072084312

August 1, 1952

1000 Main Street

Dear Sir:

Dear Sir:

Enclosed for you are

three copies of

the report of the

of the

of the

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7322

BIRTH NO. 52 7322

1. NAME OF DECEASED (Type or Print) <b>John Murchison</b>		2. DATE OF DEATH <b>8-2-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>1606 E. Eager</b> B. COUNTY <b>7-0</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write B. & R. A. and give township) <b>Baths Md</b>	
6. LENGTH OF STAY IN BALTIMORE <b>Several years</b>		D. STREET ADDRESS (If rural, give location) <b>1606 E. Eager</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>Colored</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	10. DATE OF BIRTH <b>March 4 - 48</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pressing &amp; Cleaning</b>		12. AGE (In years last birthday) <b>50</b>	
13. FATHER'S NAME <b>Buff Murchison</b>		14. BIRTHPLACE (State or foreign country) <b>N C</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
17. SOCIAL SECURITY NO. <b>217-09-400</b>		18. MOTHER'S MAIDEN NAME <b>Sillie</b>	
19. INFORMANT <b>Hannie Murchison</b>		20. ADDRESS <b>1606 E. Eager</b>	

18. <b>422.1</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Arteriosclerotic Cardiovascular Disease</b>			
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>William V. ...</b>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>8-3-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Aug 6 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Fayetteville</b>	
24D. LOCATION (City, town, or county) <b>N C</b>		24E. STATE <b>N C</b>		24F. FUNERAL DIRECTOR <b>W. R. ...</b>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 4 - 1952</b>		24H. REGISTRAR'S SIGNATURE <b>Huntington</b>		24I. ADDRESS <b>1575 ...</b>	

1925

2

STATE OF TEXAS  
COUNTY OF DALLAS

8-5-25

John Anderson

St. Joseph's Hospital

Admission to St. Joseph's Hospital

Exhibit

8-1-25

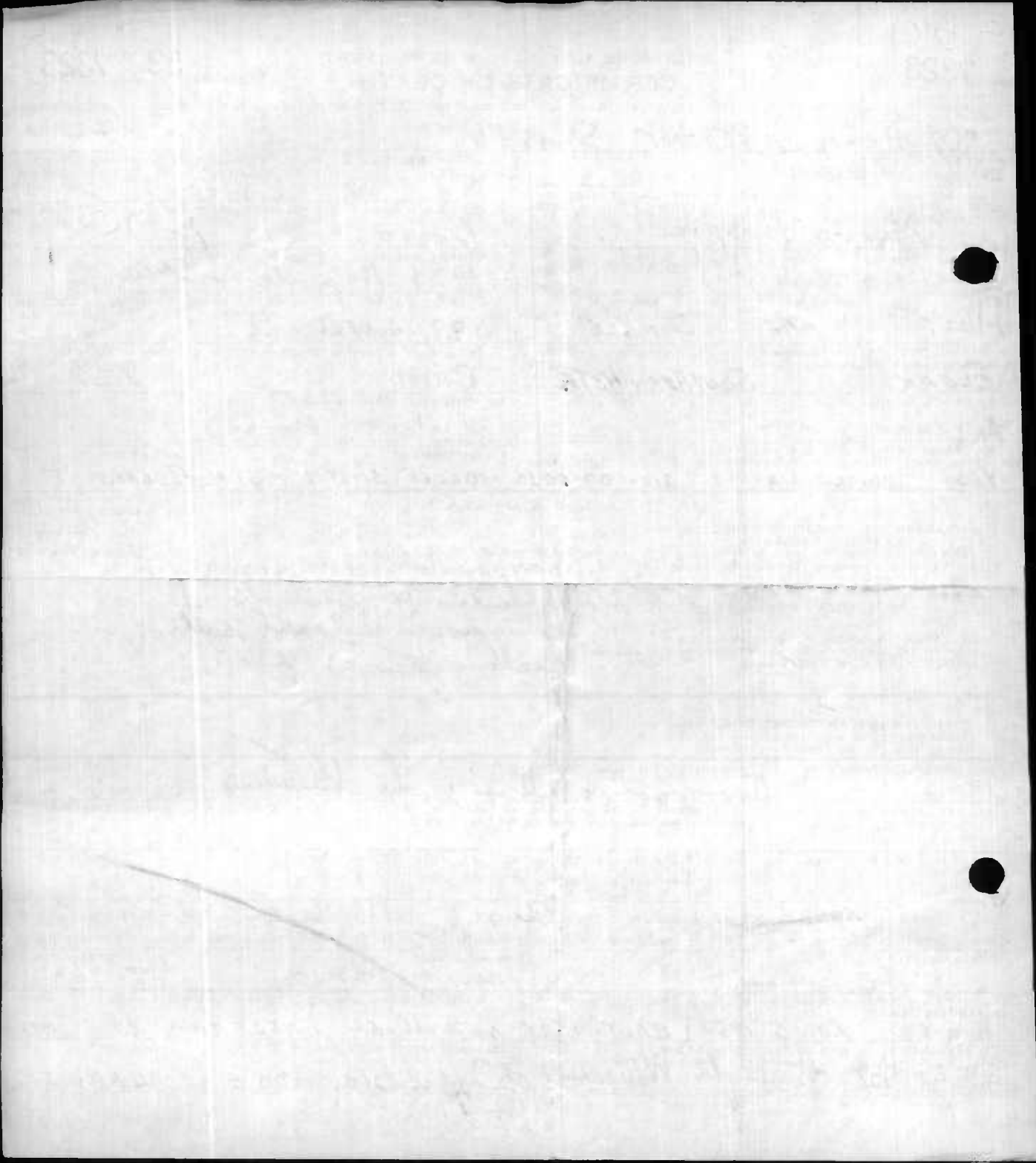
William Anderson

530  
7323BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7323

1. NAME OF DECEASED (Type or Print) <b>Henry ANTHONY Smith</b>		2. DATE OF DEATH <b>8-2-52</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Balto.</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto.</b>	
6. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1931 McElderry St.</b>	
7. SEX <b>MALE</b>	8. COLOR OR RACE <b>WHITE</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	10. DATE OF BIRTH <b>1896 JUNE 26</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK.</b>		12. KIND OF BUSINESS OR INDUSTRY <b>SOUTHERN HOTEL</b>	
13. FATHER'S NAME <b>Matthew Smith</b>		14. MOTHER'S MAIDEN NAME <b>Mollie Metzel</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>WORLD WAR 1 213-07-0050</b>	
17. CAUSE OF DEATH		18. ADDRESS <b>MOLLIE SMITH 1931 McELDERY ST</b>	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Cardiac arrest</b> (A) <b>1. Intra-Ventricular Septal Infarct</b> <b>2. Hypertensive arteriosclerosis</b> (B) <b>Cardiovascular disease (with bleeding gastric ulcer)</b> (C) <b>bleeding gastric ulcer</b>		INTERVAL BETWEEN ONSET AND DEATH <b>(1 1/2 hrs) Few Minutes</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>8-2-52</b>		19B. MAJOR FINDINGS OF OPERATION <b>Two gastric ulcers; one bleeding</b>	
20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Aug. 1</b> , 19 <b>52</b> , to <b>Aug 2</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Aug 2</b> , 19 <b>52</b> , and that death occurred at <b>6:5 P.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>C. Thomas Jr.</b>		23B. ADDRESS <b>Mercy Hosp.</b>	
23C. DATE SIGNED <b>8-2-52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>AUG 5 1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>BALTIMORE NATIONAL CEM</b>		24D. LOCATION (City, town, or county) (State) <b>FREDERICK RD MD</b>	
25. DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 4 - 1952</b>		25. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>1800 E LONGFORD ST.</b>		25. ADDRESS	

1952 39088



-156  
52 7324Siebenhaar  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

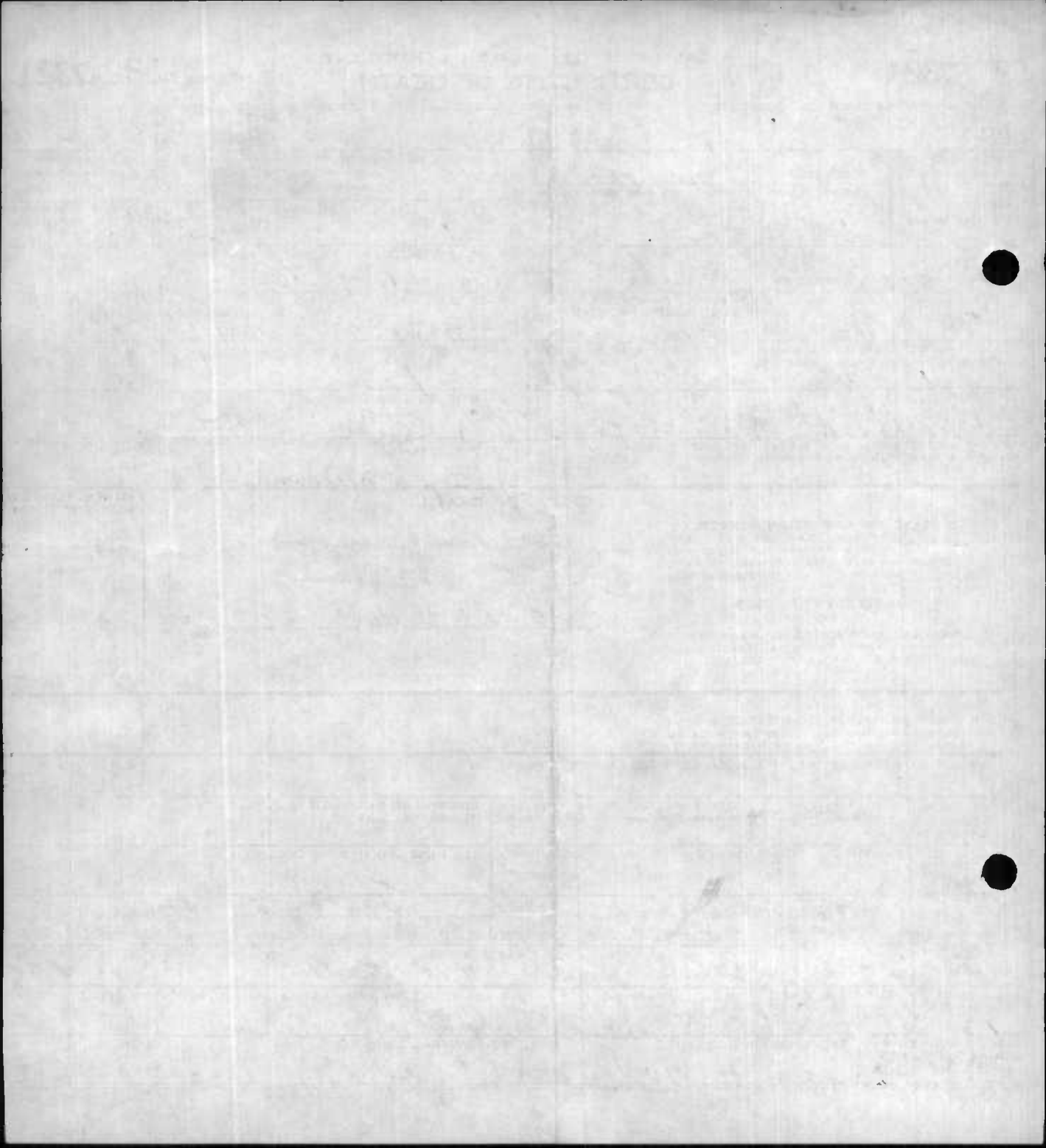
Registered No. 52 7324

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Joseph F. Siebenhaar		8-3-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
Baltimore		Md	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
3221 Foster Ave		Baltimore - 26-11	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Life		3221 Foster Ave	
7. SEX	8. COLOR OR RACE	9. SINGLE/MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH
m	w	Widowed	3-19-88
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. KIND OF BUSINESS OR INDUSTRY	
Barber		Self Employed	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Burkhardt Siebenhaar		Anna Marie Heim	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		Joseph Siebenhaar	
17. INFORMANT		ADDRESS	
Joseph Siebenhaar		Same	

1B. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) Coronary Thrombosis	July 2, 1952
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO Arteriosclerosis	1949
	(B) Myocardial Infarction	
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 1949, to Aug 3, 1952, that I last saw the deceased alive on Aug 1, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Huntington Williams, M.D.		3426 Bunker		Aug 1, 52	
24A. BURIAL CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		8-6-52		Landon Heart	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore		L. J. Zala		403 S. Wolfe St	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
AUG 4 - 1952		Huntington Williams, M.D.		L. J. Zala	



-200  
2 7325

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7325  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary M O'Shea

2. DATE  
OF  
DEATH

August 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3120 Keswick Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3120 Keswick Road

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

10 Under 1 Year  
Months Days  
11 Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Robert (M)

14. MOTHER'S MAIDEN NAME

Rebecca Kidd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

No

215-07-6634

Mrs Mary Hennault 3120 Keswick Rd

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

DUE TO

Pneumo-pneumonia

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....

DUE TO

Carcinoma of breast

?

(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from July 29, 1952, to Aug. 3, 1952, that I last saw the  
deceased alive on Aug. 2, 1952, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 4 - 1952

Huntington Williams

Frank A. Smith

814 W 36th St

VS 150

1952654E7328

STATE OF NEW YORK  
 DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

1. Name of deceased: \_\_\_\_\_  
 2. Sex: \_\_\_\_\_  
 3. Age: \_\_\_\_\_  
 4. Date of birth: \_\_\_\_\_  
 5. Place of birth: \_\_\_\_\_  
 6. Date of death: \_\_\_\_\_  
 7. Time of death: \_\_\_\_\_  
 8. Place of death: \_\_\_\_\_  
 9. Cause of death: \_\_\_\_\_  
 10. Manner of death: \_\_\_\_\_  
 11. Signature of attending physician: \_\_\_\_\_  
 12. Signature of medical examiner: \_\_\_\_\_  
 13. Signature of registrar: \_\_\_\_\_

14. Name of informant: \_\_\_\_\_  
 15. Relationship to deceased: \_\_\_\_\_  
 16. Signature of informant: \_\_\_\_\_  
 17. Date of completion: \_\_\_\_\_  
 18. Signature of registrar: \_\_\_\_\_  
 19. Signature of medical examiner: \_\_\_\_\_  
 20. Signature of attending physician: \_\_\_\_\_

21. Name of registrar: \_\_\_\_\_  
 22. Signature of registrar: \_\_\_\_\_  
 23. Date of completion: \_\_\_\_\_  
 24. Signature of medical examiner: \_\_\_\_\_  
 25. Signature of attending physician: \_\_\_\_\_

200  
52 7326

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7326  
Registered No.

1. NAME OF DECEASED (Type or Print)		Margaret M. Hayes		2. DATE OF DEATH		Aug. 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore				4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY 9-09			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1509 Ensor St.				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore City			
C. Length of stay in Baltimore 83 Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1509 Ensor St. Baltimore, Md.			
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 25, 1878	
9. AGE (In years last birthday) 73 yrs		10. UNDER 1 Year Months Days		11. UNDER 24 Hours Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work				10B. KIND OF BUSINESS OR INDUSTRY at Home			
13. FATHER'S NAME John McGuinness				14. MOTHER'S MAIDEN NAME Not Kown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Mrs. Margaret Gaitley 1509 Ensor St.			
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Coronary Thrombosis DUE TO Anteroseclerotic Cardio-Vascular Renal Disease Hypertension INTERVAL BETWEEN ONSET AND DEATH Sudden ? ?							
19A. DATE OF OPERATION 0				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 9, 1945, to Aug 1, 1952, that I last saw the deceased alive on Aug 1, 1952, and that death occurred at 12 p.m., from the causes and on the date stated above.							
23A. SIGNATURE J. S. B. M. D.				23B. ADDRESS 1115 H. Calver St.		23C. DATE SIGNED 8/1/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 5, 1952		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
25. FUNERAL DIRECTOR Huntington Williams				25. FUNERAL DIRECTOR ADDRESS Elmer W. Conklin 924 E. Eager St.			

Rn. Blum  
11 15 91. C. L. H.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7327**

BIRTH NO. **7327**

1. NAME OF DECEASED (Type or Print) <b>LUCILLE ANDERSON</b>			2. DATE OF DEATH <b>July 31, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b> C. CITY OR TOWN <b>Baltimore</b> D. STREET ADDRESS (If rural, give location) <b>510 Roundview Road</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>510 Roundview Road</b>			E. LENGTH OF STAY IN BALTIMORE <b>34 Yrs.</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec.-14-1906</b>		9. AGE (In years last birthday) <b>45</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			11. BIRTHPLACE (State or foreign country) <b>Valdosta Ga.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>			14. MOTHER'S MAIDEN NAME <b>Sarah Williams</b>		
13. FATHER'S NAME <b>Bryant Henry</b>			17. INFORMANT ADDRESS <b>Sarah Grace 1607 Vincent Ct.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.			

18. <b>331X</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Cerebral hemorrhage</b>		
DUE TO				
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<b>Hypertensive cardiovascular disease</b>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>[Signature]</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>July 31, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>8/4/1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Brooklyn Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 4 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		FUNERAL DIRECTOR ADDRESS <b>Elmer H. Day 1010 Bunting</b>

1961 40

UNITED STATES DEPARTMENT OF AGRICULTURE  
OFFICE OF THE SECRETARY

1961 40

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7328**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Edward J. Leitz*

2. DATE  
OF  
DEATH

*Aug 1-1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Wilkins & Caton care*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md* B. COUNTY *Baltimore*

B. FULL NAME OF (If not in hospital or institution, give street address or location)

*St Agnes' Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore Catonsville*

D. STREET ADDRESS (If rural, give location)

*Johnny Cake Rd Box 54*

Length of stay in Baltimore

*51 m.*

5. SEX

*Male*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Married*

8. DATE OF BIRTH

*8-31-1900*

9. AGE (In years last birthday)

*51*

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Tablet maker*

10B. KIND OF BUSINESS OR INDUSTRY

*Mfg. Pharmacy*

11. BIRTHPLACE (State or foreign country)

*Maryland*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Charles F. Leitz*

14. MOTHER'S MAIDEN NAME

*Mary E. Thrush*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

*220-01-6633*

17. INFORMANT

ADDRESS

*Mr. Margaret Leitz alone*

CAUSE OF DEATH

18. *422.1*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Arterio Cardio Vasc Disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-*, 19*52* to *8-1*, 19*52* that I last saw the deceased alive on *8-1*, 19*52* and that death occurred at *6:55 AM* from the causes and on the date stated above.

23A. SIGNATURE

*George J. Stein*

M. D.

23B. ADDRESS

*St. Agnes Hospital*

23C. DATE SIGNED

*8-1-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*8-5-52*

24C. NAME OF CEMETERY OR CREMATORY

*Western Cemetery*

24D. LOCATION (City, town, or county) (State)

*Baltimore Md*

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LO. REGISTRAR

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*Geo. E. Beyer Jr 1512 Hollinsworth*

ISSN 0014-1801

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Subscription Service Department

-231  
52 7329BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7329

1. NAME OF DECEASED (Type or Print) <b>Branda Westbrook</b>		2. DATE OF DEATH <b>8-3-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md</b> B. COUNTY <b>18-01</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>306 N. Fremont Ave</b>	
5. SEX <b>7</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>April 4, 1952</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Infant</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>	
12. FATHER'S NAME <b>James Westbrook</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore md</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <b>Mary</b>	
16. SOCIAL SECURITY NO.		13. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
17. INFORMANT <b>James Westbrook</b>		ADDRESS <b>306 Pearl St</b>	

18. <b>525X</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) <b>Interstitial Pneumonia</b>	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>William V. [Signature]</b>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>8-3-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>8/4/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>not Auburn Baltimore md</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 4 1952</b>		24F. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
24G. FUNERAL DIRECTOR <b>Charles Cooper</b>		24H. ADDRESS <b>512 Carrollman</b>			

52-83

52-83

12-10-1960

12-10-1960

12-10-1960

x

12-10-1960

x

52-83

12-10-1960

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7330

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

*Marie Gaschnitz*

2. DATE  
OF  
DEATH

*Aug-3-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *6420 Reisterstown Rd.*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE *Maryland* B. COUNTY *Montgomery*

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

*The Seton Institute*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Forest Glen*

D. STREET ADDRESS (If rural, give location)

*6500*

Length of stay in Baltimore *36 yrs. - 5 days*

Yrs.  
Mos.  
Days

5. SEX

*F*

6. COLOR OR RACE

*white*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*single*

8. DATE OF BIRTH

*5-24-1882*

9. AGE (In years last birthday)

*70*

If Under 1 Year Months: Days

*2 9*

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Nurse*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Bohemia*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Wenzel Gaschnitz*

14. MOTHER'S MAIDEN NAME

*Magdalena Froelich*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *153X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cancer of the large intestine*

*6 months*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B) *multiple metastases*

*3 months*

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Schizophrenia*

*36 years*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ HOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Sept.*, 19*36*, to *August 3*, 19*52*, that I last saw the deceased alive on *August 3*, 19*52*, and that death occurred at *12 midnight* from the causes and on the date stated above.

23A. SIGNATURE

*Walker D. Shivers*

23B. ADDRESS

*The Seton Institute*

23C. DATE SIGNED

*August 4, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*cremated*

24B. DATE

*Aug-5-52 Cathedral*

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

*Balto.*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

*AUG 4 - 1952*

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Shivers & Son, Inc.*

ADDRESS



263

733JL - 160531

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7331

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Garnet Richard</b>		2. DATE OF DEATH <b>Aug. 1, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals 4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>32 yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>581 Laurens St.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Sep.</b>	8. DATE OF BIRTH <b>May 10, 1911</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHAUFFEUR</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>CONTRACTOR</b>	
13. FATHER'S NAME <b>Garnet Richards, Sr.</b>		14. MOTHER'S MAIDEN NAME <b>Rosie Batner</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>B. C. H. Records, 4940 Eastern Ave.</b>		ADDRESS	

18. <b>141X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cachexia due to Carcinoma</b> DUE TO <b>Carcinoma of tongue and tonsil</b> DUE TO <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b> <b>1 yr.</b>
---	--	---

19A. DATE OF OPERATION <b>7-31-52</b>		19B. MAJOR FINDINGS OF OPERATION <b>Gastrectomy for bleeding</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>June 27, 1952</b> , to <b>Aug. 1, 1952</b> , that I last saw the deceased alive on <b>Aug. 1, 1952</b> , and that death occurred at <b>9.05 AM</b> , from the causes and on the date stated above.				
23A. SIGNATURE <i>J. S. [Signature]</i>		23B. ADDRESS <b>4940 Eastern Ave.</b>		23C. DATE SIGNED <b>8-1-52</b>

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>Aug. 5, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Wm. Calvary Anne Arundel Co. Md.</b>	24D. LOCATION (City, town, or county) (State) <b>Frederick, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 4 - 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <b>W. H. Lloyd Funeral Home</b>	

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125  
52 7332BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 52 7332

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HOWARD WILSON SPICKNALL</b>		2. DATE OF DEATH <b>August 3, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Prince George's</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>US Public Health Service Hospital</b> <b>Wyman Pk. Drive &amp; 31st Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>University Park</b>	
C. Length of stay in Baltimore <b>?</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>4115 Woodberry Street 6600</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12/31/79</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>72</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Charles G. Spicknall</b>		14. MOTHER'S MAIDEN NAME <b>? Boyd</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>?</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>?</b>	
17. INFORMANT		ADDRESS <b>Records- US PHS Hospital, Balto, Md.</b>	

18. <b>151X</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>(A) Carcinoma of stomach with metastases</b> DUE TO <b>ANTECEDENT CAUSES</b> <b>(B)</b> DUE TO <b>(C)</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(II)</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH <b>18 mos.</b>
---	--

19A. DATE OF OPERATION <b>7</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>July 30, 1952</b> to <b>Aug. 3, 1952</b> , that I last saw the deceased alive on <b>AUG. 3, 1952</b> , and that death occurred at <b>7:40P m.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>J.A. Hunter, Clinical Director</b>		23B. ADDRESS <b>US PHS Hospital, Balto, Md.</b>		23C. DATE SIGNED <b>8/3/52</b>

24A. BURIAL, CREMA- TION, REMOVAL (Specify) <b>Removal</b>	24B. DATE <b>8/4/52</b>	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) <b>Bladensburg, Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 4 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, MD</b>	25. FUNERAL DIRECTOR <b>Geo L Schaefer - 2401 Fredk</b>

VS 150



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7333

1. NAME OF DECEASED  
(Type or Print)

Libowitz, Marlene Faye

2. DATE  
OF  
DEATH

Aug 4, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

SINAI HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE

d. STREET ADDRESS (If rural, give location)

4107 Woodlea Ave 27-01

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 4, 1952

9. AGE (In years  
last birthday)10 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Aaron Libowitz

14. MOTHER'S MAIDEN NAME

Eda Rosen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MOTHER

SAME

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Congenital Heart Disease

1 mo.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Mongolism

1 mo.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNOER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 3, 1952, to Aug 4, 1952, that I last saw the  
deceased alive on Aug 3, 1952, and that death occurred at 1:35 pm., from the causes and on the date stated above.

23a. SIGNATURE

M. D.

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

Aug 5, 1952

24c. NAME OF CEMETERY OR CREMATORY

Workmen Circle Cemetery

24d. LOCATION (City, town, or county) (State)

German Hill Road Balto Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

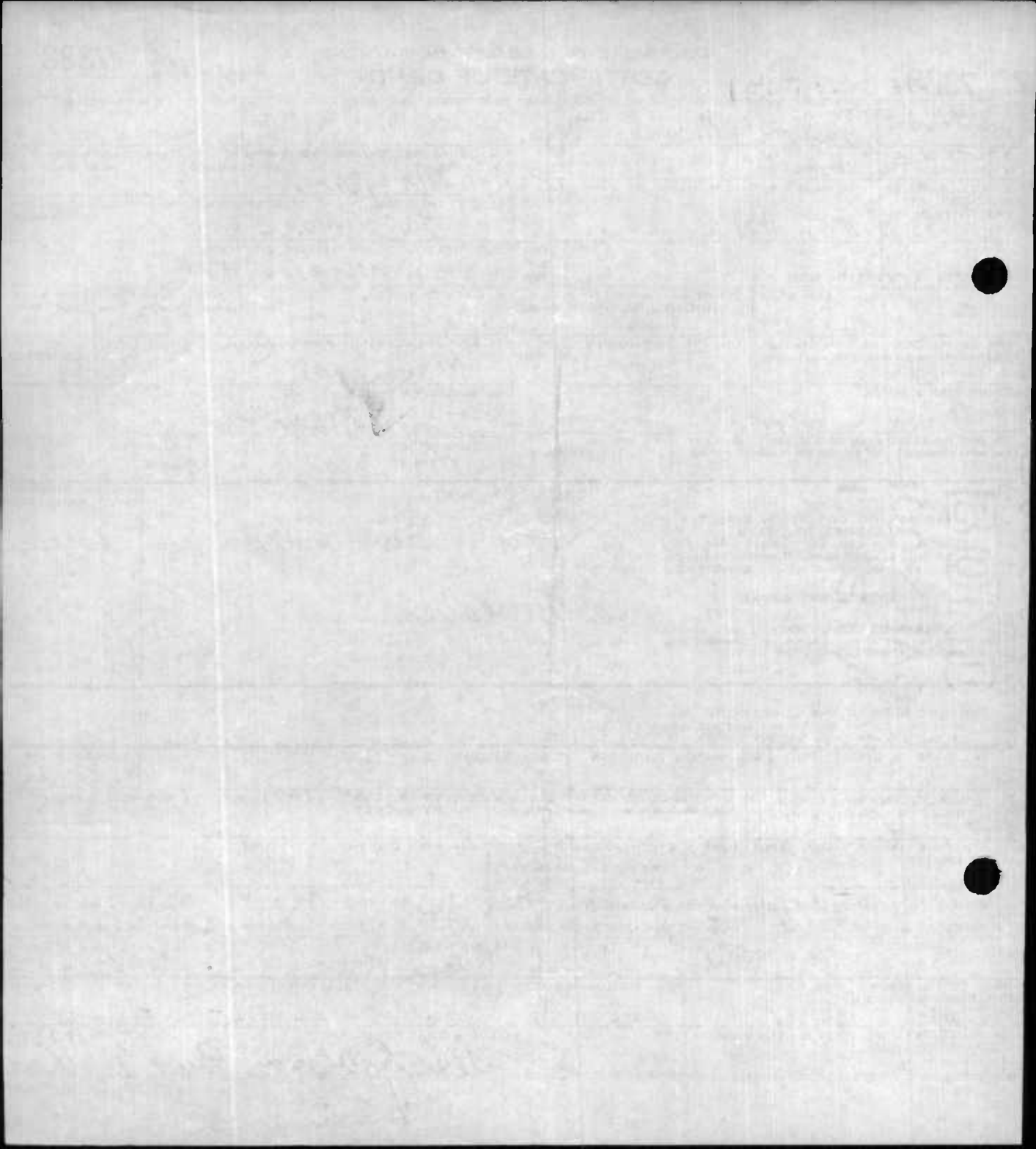
ADDRESS

Huntington Williams, M.D.

Sol Lewinson, Burs North Ave 1126W

VS 150

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P-346  
52 7334

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7334

BIRTH NO.			1. NAME OF DECEASED (Type or Print) BENJAMIN POTLER			2. DATE OF DEATH August 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION 4613 PARK HEIGHTS AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
C. Length of stay in Baltimore 50 Yrs			D. STREET ADDRESS (If rural, give location) 1811 E Fairmount Ave 6-04					
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1872		9. AGE (In years last birthday) 80	If Under 1 Year Months Days		If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs Morris Jacobson 4119 Woodhaven Ave			

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) acute cardiac dilatation DUE TO (B) general arteriosclerosis DUE TO (C) senility	INTERVAL BETWEEN ONSET AND DEATH 1 day 10 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/5, 1945, to 8/3, 1952, that I last saw the deceased alive on 8/3, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE [Signature]	23B. ADDRESS 2320 Arbor Rd M. D.	23C. DATE SIGNED 8/12/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug 4, 1952	24C. NAME OF CEMETERY OR CREMATORY Bnai Jacob Loge Cemetery	24D. LOCATION (City, town, or county) (State) Bowleys Lane Balto Md
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DATE RECEIVED BY LOCAL REGISTRAR Aug 4 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Sol. Lewin + Bros	ADDRESS 126 W North Ave
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S-530  
52 7335BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

X 52 7335

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Smith Mr. Richard Kenton</i>		2. DATE OF DEATH <i>Aug 4, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Church Home</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Brookstock Md.</i> B. COUNTY <i>Howard</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home &amp; Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md.</i>	
D. STREET ADDRESS (If rural, give location) <i>6300</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>Oct. 12, 1908</i>	
9. AGE (In years last birthday) <i>43</i>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>SOC. SEC. ADM.</i>	
11. BIRTHPLACE (State or foreign country) <i>Indiana</i>		12. CITIZEN OF WHAT COUNTRY? <i>America</i>	
13. FATHER'S NAME <i>Clarence Smith</i>		14. MOTHER'S MAIDEN NAME <i>Clara Brishman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

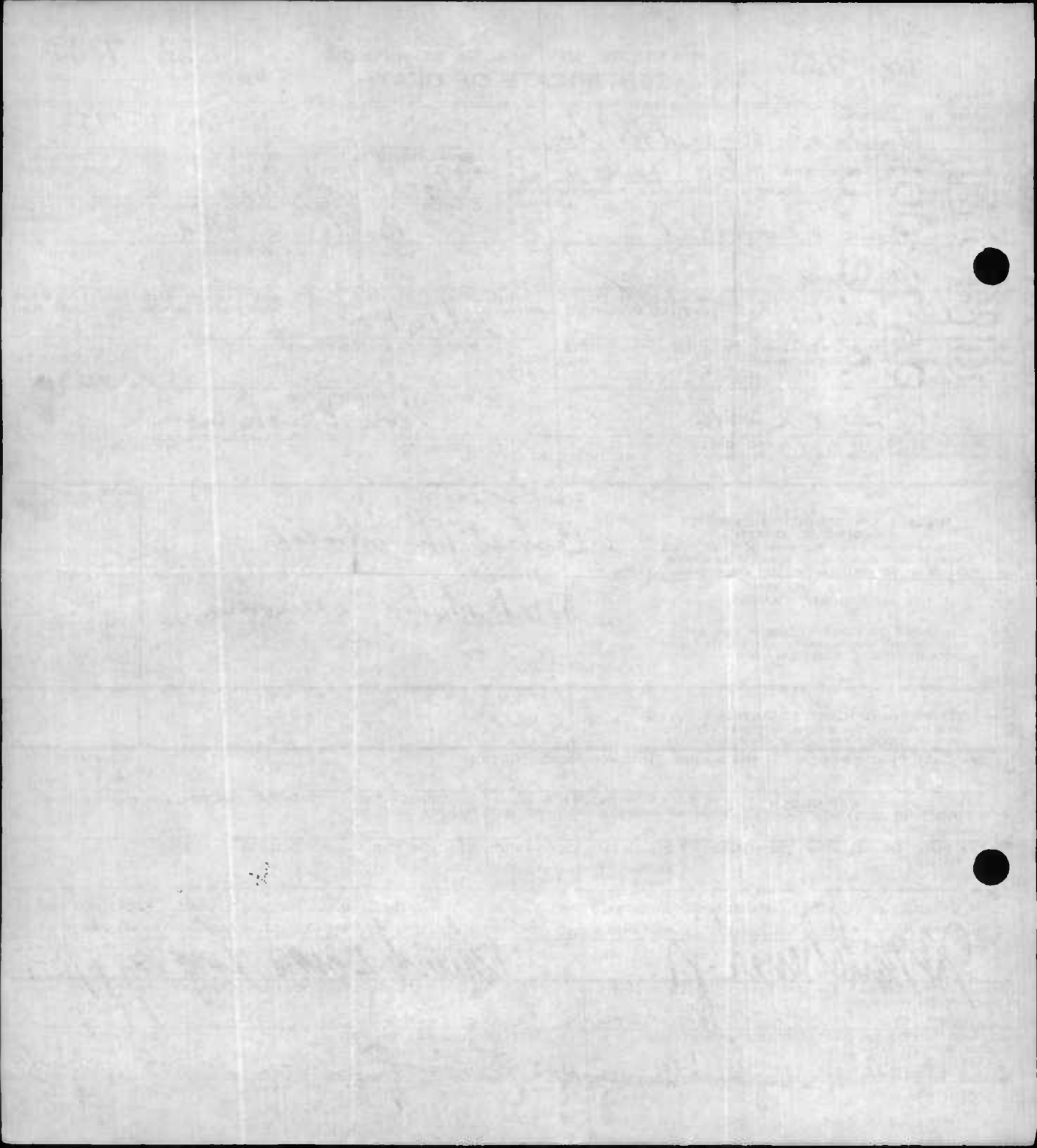
18. <i>199.8</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Cerebral Thrombosis</i>	
ANTECEDENT CAUSES	(B) <i>Metastatic Carcinoma</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, from the causes and on the date stated above.

23A. SIGNATURE *W. H. Hatcher* M. D. 23B. ADDRESS *Church Home & Hosp* 23C. DATE SIGNED *8/4/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
<i>Burial</i>	<i>Aug. 6 - 52</i>	<i>Druid Ridge Cem.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 4 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Leonard J. Ruck</i>	ADDRESS <i>5305 Harford Rd.</i>



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7336  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>LEONARD L. MONROE</b>			2. DATE OF DEATH <b>8/3/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>3954 BROOKLYN AVENUE</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
D. STREET ADDRESS (If rural, give location) <b>3954 BROOKLYN AVENUE 25-04</b>			E. LENGTH OF stay in Baltimore Yrs. _____ Mos. _____ Days _____		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>8/3/87</b>	9. AGE (In years last birthday) <b>65</b>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PATROLMAN (Ret.)</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>B.P.D.</b>		
13. FATHER'S NAME <b>LEONARD</b>			12. CITIZEN OF WHAT COUNTRY? <b>KENTUCKY</b>		
14. MOTHER'S MAIDEN NAME <b>MELVINIA ?</b>			11. BIRTHPLACE (State or foreign country)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknowns) <b>YES 1907</b>			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <b>FAMILY - SAME</b>			ADDRESS _____		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Coronary occlusion</b> DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>  <b>About 7 years.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B) Hypertensive cardio vascular disease.</b> DUE TO _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION <b>8/6/52</b>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8/10/1945**, to **8/3/1952** that I last saw the deceased alive on **8/1/1952**, and that death occurred at **9 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE <i>Harry Deibel</i>	23B. ADDRESS <b>1226 Hanover St.</b>	23C. DATE SIGNED <b>8/4/52.</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	24B. DATE <b>8/6/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>GLEN HAVEN CEMETERY</b>	24D. LOCATION (City, town, or county) (State) <b>GLEN BURNIE</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 4 - 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <b>JAMES L. MCCULLY - 130 E. FORT AVENUE</b>	ADDRESS _____
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4338

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1915

1915

Name of Deceased		Sex		Age		Date of Birth		Place of Birth		Usual Residence		Cause of Death		Place of Death		Time of Death		Signature of Physician		Signature of Registrar	

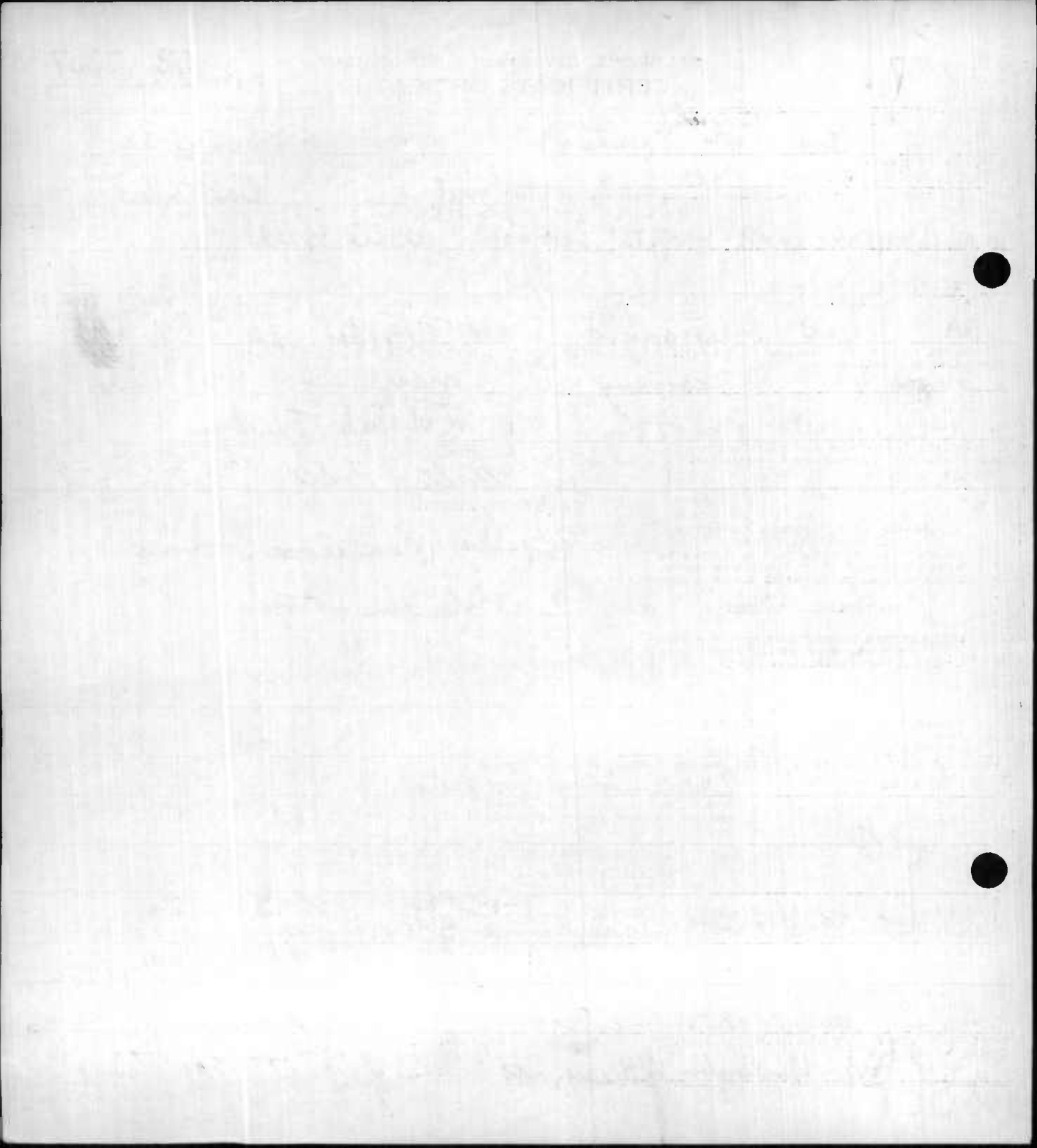
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52 7337

Preston  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7337

BIRTH NO.			2. DATE OF DEATH 8-5-52		
1. NAME OF DECEASED (Type or Print) <i>John W. Preston</i>			7. DATE OF DEATH 8-5-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>yes</i>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>MARYLAND General Hospital, Baltimore</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>White Hall</i>		
D. Length of stay in Baltimore			E. STREET ADDRESS (If rural, give location) <i>5300</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Nov. 15, 1875</i>	9. AGE (In years last birthday) <i>76</i>	10. Under 1 Year Months: <i>8</i> Days: <i>30</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>George W. Preston</i>			14. MOTHER'S MAIDEN NAME <i>Rebekah Tucker</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Walter Hildt</i>			ADDRESS <i>706 East 36 St Baltimore Md</i>		

18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Papillary carcinoma stomach</i> CAUSE OF DEATH <i>With Carcinomatosis</i> INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>6-4-52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma Stomach</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>NO</i>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>7-1-52</i> , 19 <i>52</i> , to <i>8-8</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>8-5-52</i> , and that death occurred at <i>3:30 A.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Clay Donald Lash</i>	23B. ADDRESS <i>Maryland Sunal Hosp</i>	23C. DATE SIGNED <i>8-5-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Aug. 7, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Bethel</i>
24D. LOCATION (City, town, or county) (State) <i>Madonna Md</i>		25. FUNERAL DIRECTOR <i>Charles C. Kunt</i>
25. ADDRESS <i>Jarrettsville</i>		26. DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 5 - 1952</i>
26. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		27. VS 150



420  
52 7338

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7338

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>GEORGE KAYLUS (Kailius)</b>		2. DATE OF DEATH <b>Aug. 1, 1952</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MARYLAND</b> b. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>1961 W. FAYETTE ST.</b>		c. CITY OR TOWN <b>BALTIMORE</b>	
6. LENGTH OF STAY IN BALTIMORE <b>60</b>		d. STREET ADDRESS (If rural, give location) <b>1961 W. FAYETTE ST.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 12, 1863</b>
9. USUAL OCCUPATION (Give kind of work during last working life, even if retired) <b>Rtr. Tailor</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Coatmaker</b>	
11. BIRTHPLACE (State or foreign country) <b>Lithuania</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Unknown</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>H. A. Kaylus</b>		ADDRESS <b>SAME</b>	

16. **422.1**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**Arterio Sclerotic C.V. Disease ?**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>None</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Aug 1**, 19**52**, to **Aug 1**, 19**52**, that I last saw the deceased alive on **Aug 1**, 19**52**, and that death occurred at **9:30 P.** m., from the causes and on the date stated above.

23A. SIGNATURE  
**Samuel Ehrlich**  
M. D.

23B. ADDRESS  
**18 W. Biddle St.**

23C. DATE SIGNED  
**8/4/52**

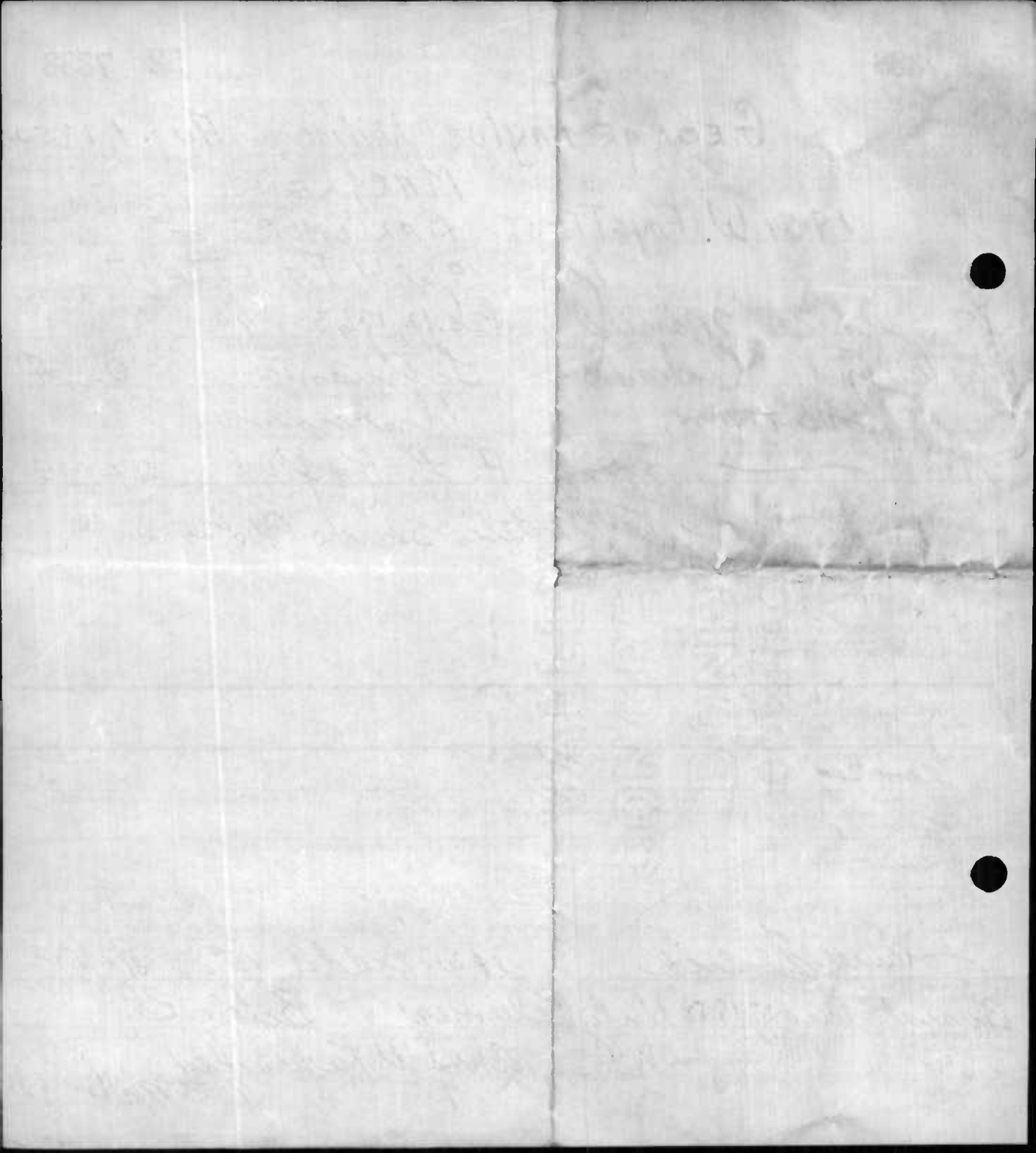
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug 5, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Calvary Relemer</b>	24D. LOCATION (City, town, or county) (State) <b>Belair Rd.</b>
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DATE RECEIVED BY LOCAL REGISTRAR  
**AUG 5 - 1952**

REGISTRAR'S SIGNATURE  
**Huntington Williams**

25. FUNERAL DIRECTOR  
**Chas. W. Radzinski**

ADDRESS  
**735 McHenry St.**



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7339**

BIRTH NO. **52 7339**

1. NAME OF DECEASED (Type or Print) <b>BESSIE ETHEL GOLDBERG</b>		2. DATE OF DEATH <b>8-5-52</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Md</b> b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>3100 Harford Road</b>		c. CITY OR TOWN (If outside corporate limits, write FULL and give township) <b>Baltimore 7-96</b>	
d. LENGTH OF STAY IN BALTIMORE		d. STREET ADDRESS (If rural, give location) <b>3100 Harford Road</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>45</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore Md</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Abraham Morganstern</b>		14. MOTHER'S MAIDEN NAME <b>Rose</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Dr. Victor Goldberg</b>		ADDRESS <b>same</b>	

18. <b>153X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(Hepatic Insufficiency)</b> <b>metastatic cancer to liver, brain, bones, lung</b> <b>carcinoma, senescent color</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr?</b> <b>2:</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July, 1952 to 8-5, 1952, that I last saw the deceased alive on 8-4, 1952, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Stanley R. Steinbock</b>		23b. ADDRESS <b>3334 Delford Ave</b>		23c. DATE SIGNED <b>8-5-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-5-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Huntington Williams</b>	24d. LOCATION (City, town, or county) (State) <b>Balto Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 5 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>W. B. Lewis</b> ADDRESS <b>7200 Cutaw Pl</b>	

Humbach  
3334 Dolfield  
hr 4546

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7340**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>GERNHART, MR. ANDREW</b>		2. DATE OF DEATH <b>8/2/52.</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland.</b> COUNTY <b>-</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Church Home &amp; Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore. 9-06</b>	
Length of stay in Baltimore <b>63</b> Yrs. <b>Mon.</b> <b>Days</b>		d. STREET ADDRESS (If rural, give location) <b>1618 E. 30th St.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S.</b>	8. DATE OF BIRTH <b>March 13, 1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bar tender</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Salon</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Charles Gernhart.</b>		14. MOTHER'S MAIDEN NAME <b>Emma Mae Ewen.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>212-09-3372</b>	
17. INFORMANT <b>Church Home &amp; Hospital</b>		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>513X1</b>		CAUSE OF DEATH (A) <b>Pneumococcal meningitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>	
DUE TO		(B) <b>Chronic lymphocytic leukemia</b>		DUE TO	
DUE TO		(C) <b>(hyperplastic)</b>		DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Bronchopneumonia</b>					

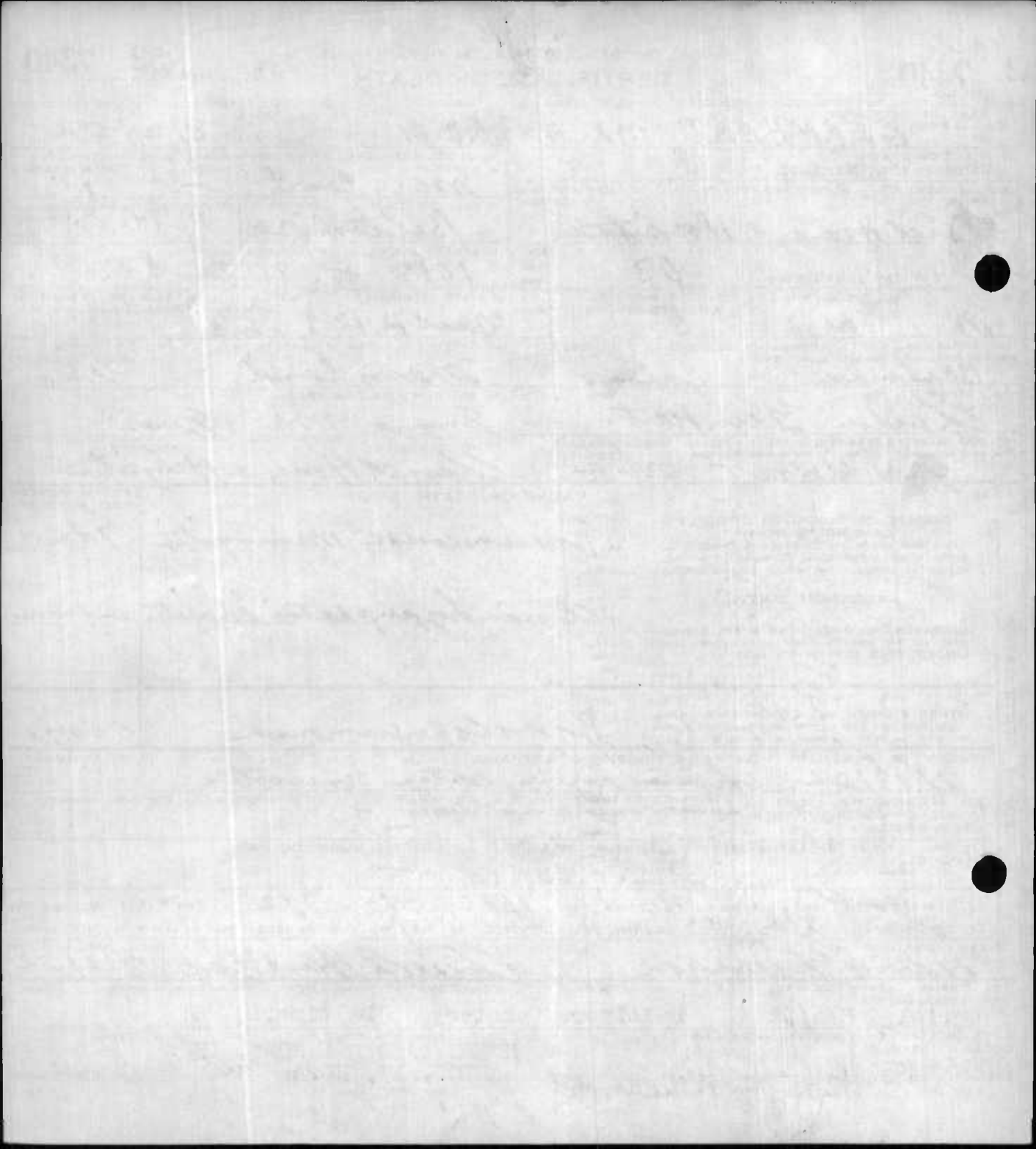
19A. DATE OF OPERATION <b>7/18/52</b>		19B. MAJOR FINDINGS OF OPERATION <b>Chronic lymphocytic leukemia</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7/28, 1952** to **8/2, 1952**, that I last saw the deceased alive on **8/2, 1952**, and that death occurred at **6:25 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>David F. Dawson</b> M. D.		23B. ADDRESS <b>Church Home &amp; Hosp.</b>		23C. DATE SIGNED <b>8/2/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>8/6/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		24E. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>		24F. ADDRESS <b>BALTO., 13, MD.</b>	

DATE RECEIVED BY LOCAL REGISTRAR **AUG 5 - 1952** VS 150  
 REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**  
**750 64 7 3 3 0**

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7341  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**SARAH ESTELLE DIETZ**

2. DATE

OF DEATH **August 2, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland** B. COUNTY \_\_\_\_\_

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**3311 White Avenue**

C. CITY OR TOWN (If outside corporate limits, write full name and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)

**3311 White Avenue**

E. Length of stay in Baltimore

**Life**

5. SEX

**F**

6. COLOR OR RACE

**W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Single**

8. DATE OF BIRTH

**January 12, 1879**

9. AGE (In years last birthday)

**73**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Bookkeeper-ret.**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Baltimore, Md.**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13. FATHER'S NAME

**Henry Dietz**

14. MOTHER'S MAIDEN NAME

**Sarah R. Miller**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.  
**None**

17. INFORMANT **1912 E. 30th. Street 18 Mrs. Marion Roach**

**CAUSE OF DEATH**

18. **444X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) \_\_\_\_\_

DUE TO

**Hypertension**

INTERVAL BETWEEN ONSET AND DEATH

**1 yr. - 1**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_

DUE TO

(C) \_\_\_\_\_

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **7/31, 1952** to **8/2, 1952**, that I last saw the deceased alive on **8/2, 1952** and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE  
**Stanley B. Klyanowicz M.D.**

23B. ADDRESS  
**3500 Edman Ave**

23C. DATE SIGNED  
**8/4/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**burial**

24B. DATE

**Aug. 5, 1952**

24C. NAME OF CEMETERY OR CREMATORY

**Loudon Park Cemetery Baltimore, Md.**

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

**AUG 5 - 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

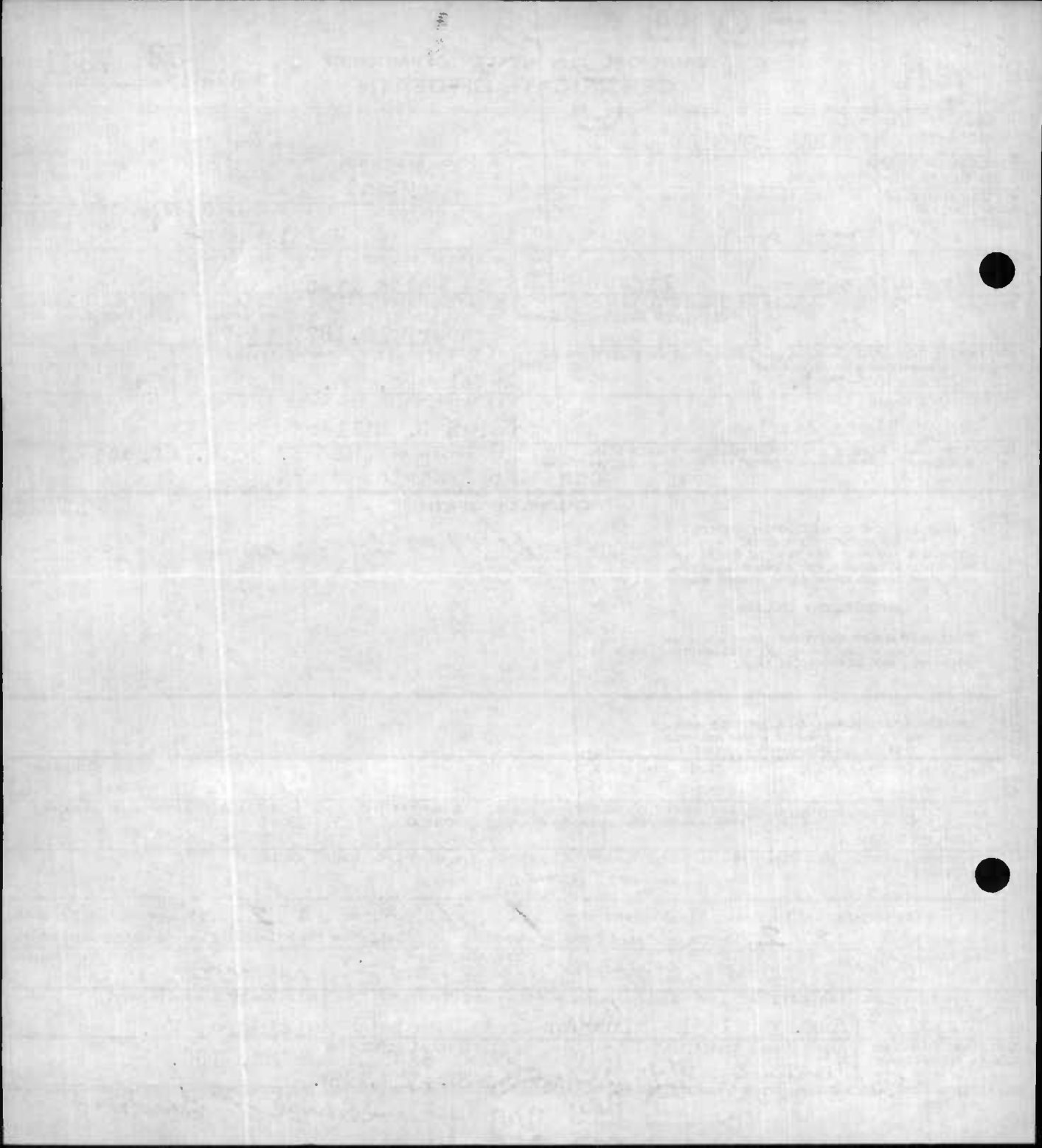
**HENRY SANDER & SONS, INC. BALTO., MD.**

ADDRESS

**George P. Sander**

**310 99**

MEDICAL CERTIFICATION



325  
7342BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7342

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARIE LOUISE PATTISON

2. DATE  
OF  
DEATH

Aug. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

2223 Callow Avenue

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2223 Callow Avenue

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 14, 1876

9. AGE (In years

last birthday)

76

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Gebhard

14. MOTHER'S MAIDEN NAME

Mary Borman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT 4136 Eierman Avenue - 6

Mr H.C. Gebhard

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

6 hr.

DUE TO

Coronary Sclerosis

(B)

Auricular Fibrillation

?

DUE TO

Arteriosclerotic C-V Dis.

?

(C)

Gall Bladder Disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1952, to Aug 2, 1952, that I last saw the  
deceased alive on Aug 1, 1952, and that death occurred at 2 P. M., from the causes and on the date stated above.

23A. SIGNATURE

K. Kulevitz

23B. ADDRESS

400 N. Hiltan St

23C. DATE SIGNED

8/5/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

8/5/ 52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore, Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

AUG 5 - 1952

HENRY SANDER &amp; SONS, INC.

VS 150

George F. Sander



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7343

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EFFIE M. Lawrence

2. DATE  
OF  
DEATH

8/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Sevier Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore 25-01

D. STREET ADDRESS (If rural, give location)

3548 4th St #25

5. SEX  
F

6. COLOR OR RACE  
W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
M

8. DATE OF BIRTH  
1/9/83

9. AGE (In years  
last birthday)  
69

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

FRANCIS B. LEE

14. MOTHER'S MAIDEN NAME

RACHAEL ANN SPURRY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

BENJAMIN H. LAWRENCE 3528 4th St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction  
Coronary thrombosis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 8/3, 1952, to 8/3, 1952, that I last saw the  
deceased alive on 8/2, 1952, and that death occurred at 11 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Frank Muller M. D.

23B. ADDRESS

Sevier Hospital

23C. DATE SIGNED

8/3/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

8/6/52

24C. NAME OF CEMETERY OR CREMATORY

STEVENSVILLE, CEM.

24D. LOCATION (City, town, or county)

STEVENSVILLE, MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

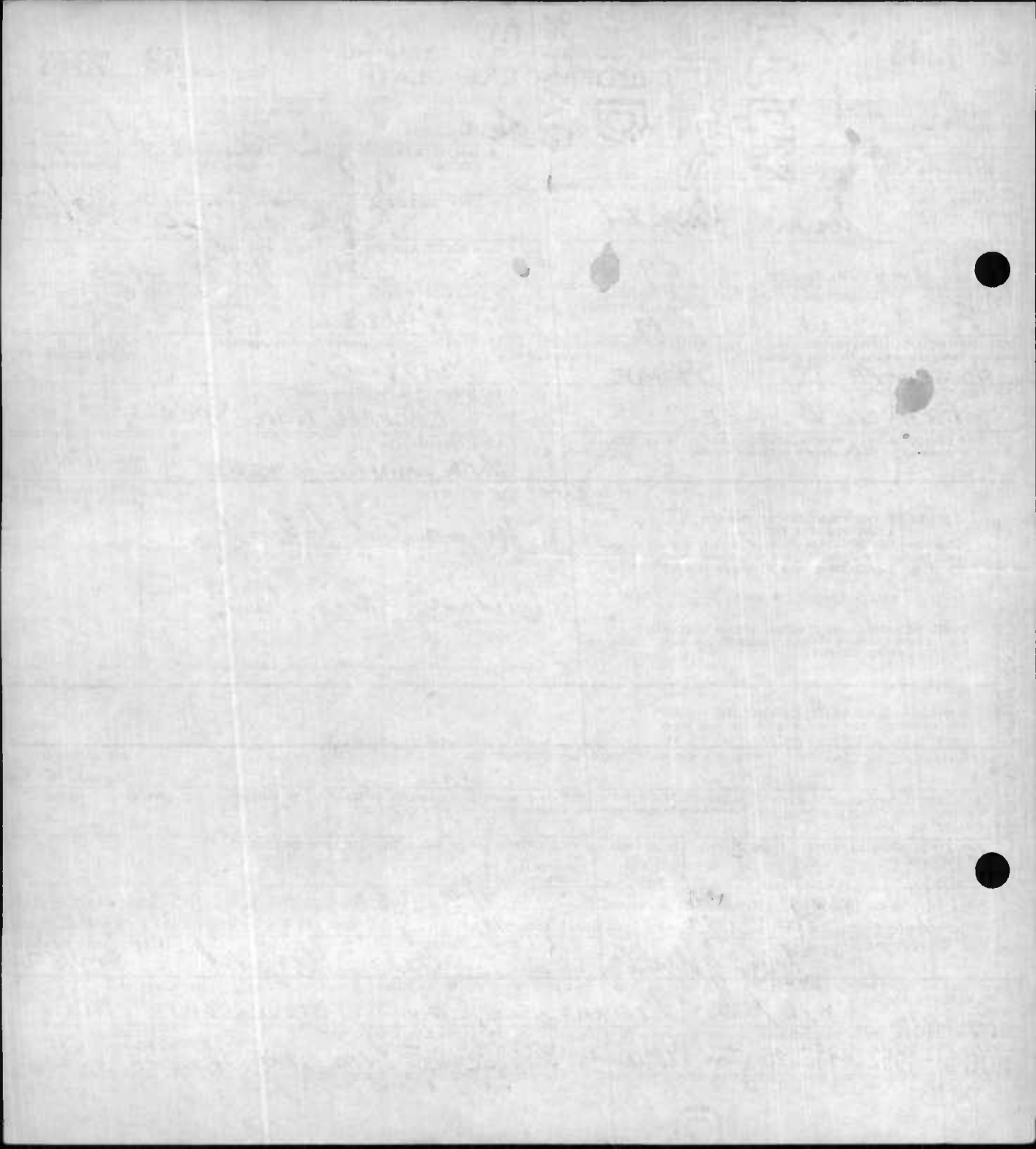
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

JOHN F. DENNY, INC.

ADDRESS  
715 LIGHT ST.  
BALTO. 30, MD.



120  
52 7344

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7344

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Hargus M. Davis</b>			2. DATE OF DEATH <b>August 2, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1307 W. 40th Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. LENGTH OF STAY IN BALTIMORE <b>40 years</b>			D. STREET ADDRESS (If rural, give location) <b>1307 W. 40th Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 20, 1885</b>	9. AGE (In years last birthday) <b>66</b>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Building</b>		
11. BIRTHPLACE (State or foreign country) <b>Virginia</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Charles L. Davis</b>			14. MOTHER'S MAIDEN NAME <b>Lydia M. Simpson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>217-09-3004</b>		
17. INFORMANT <b>Mrs. Mamie E. Davis</b>			ADDRESS <b>1307 W. 40th Street</b>		

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Antecedent Causes</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <b>Coronary Heart Failure few yrs.</b> DUE TO (B) <b>Arteriosclerotic C.V. Dis</b> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>
--	---	---

19A. DATE OF OPERATION <b>0</b>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from June 5, 1952 to Aug 2, 1952 that I last saw the deceased alive on Aug 1, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE <i>Edw. H. Burman</i>		23B. ADDRESS <i>4057 Falls Rd.</i>		23C. DATE SIGNED <i>8/4/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Aug. 6, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Park</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Co., Maryland</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 5 - 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <b>Burgee Funeral Home</b>		ADDRESS <b>3631 Falls Road</b>	
---	--	---	--	--	--	-----------------------------------	--

VS 150  
95259024

MEMORANDUM FOR THE RECORD  
CENTRAL INTELLIGENCE AGENCY

DATE: 10/10/50

TO: DIRECTOR

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7345**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) **PRESTON W. JORDAN SR.**

2. DATE OF DEATH **Aug. 4, 1952**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Md.** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**5538 Gwynn Oak Ave.**

C. CITY OR TOWN (If outside corporate limits, write full name and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**5538 Gwynn Oak Ave.**

5. SEX **M** 6. COLOR OR RACE **V** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH **Aug. 31, 1896** 9. AGE (In years last birthday) **55** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Supt** 10B. KIND OF BUSINESS OR INDUSTRY  
**Wholesale Whiskey**

11. BIRTHPLACE (State or foreign country) **Baltimore, Md.** 12. CITIZEN OF WHAT COUNTRY?  
**USA**

13. FATHER'S NAME  
**Howard B. Jordan**

14. MOTHER'S MAIDEN NAME  
**Florence Arnold**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or unknowns) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.  
**?**

17. INFORMANT ADDRESS  
**Mrs. Beryl Jordan, As Above**

18. **157X I**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Carcinoma head of pancreas** 6 mos  
DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .....  
(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION  
**5/16/52**

19B. MAJOR FINDINGS OF OPERATION  
**Carcinoma head of pancreas**

20. AUTOPSY?  
☐ YES ☐ NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  
☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9/24**, 19**52** to **8/4**, 19**52**, that I last saw the deceased alive on **8/4**, 19**52**, and that death occurred at **12:45** m., from the causes and on the date stated above.

23A. SIGNATURE  
**William E. Johnson**

23B. ADDRESS  
M. D. **100 E 33rd St.**

23C. DATE SIGNED  
**8/4/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE  
**8/6/52**

24C. NAME OF CEMETERY OR CREMATORY  
**London Pk. Cemetery**

24D. LOCATION (City, town, or county) (State)  
**Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

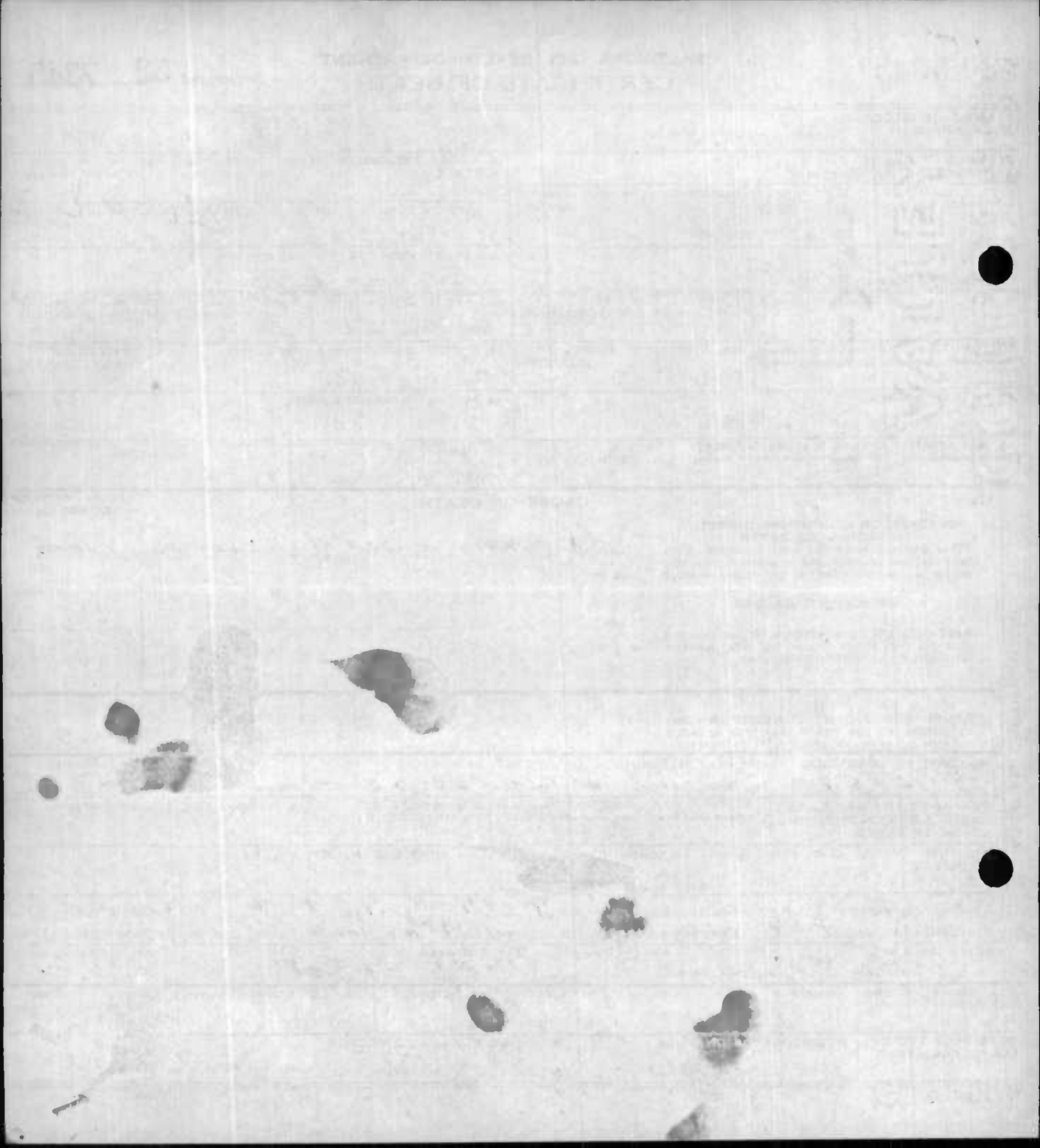
ADDRESS

**AUG 5 1952**

**Huntington Williams, MD** **Wm J. Jackson** **100 E 33rd St**

**2906 P 07343**

MEDICAL CERTIFICATION



500  
52 7346  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7346

1. NAME OF DECEASED (Type or Print) <b>MAUD E. RYAN</b>		2. DATE OF DEATH <b>8-4-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Baltimore 17 16-04</b>	
C. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1828 Harlem Ave.</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 7, 1881</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>P.O. Employee</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Clerk</b>	9. AGE (In years last birthday) <b>71</b>
13. FATHER'S NAME <b>James J. Ryan</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO. <b>No</b>		14. MOTHER'S MAIDEN NAME <b>Clara Virginia Nichols</b>	
17. INFORMANT <b>Hospital Records</b>		ADDRESS <b>J.M. Hogg</b>	

18. <b>443X</b>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <b>Cerebral Vascular Accident</b>		<b>4 weeks</b>
ANTECEDENT CAUSES	(B) <b>Hypertensive Cardiovascular dis.</b>		<b>—</b>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Chronic Congestive Cardiac Failure</b>	
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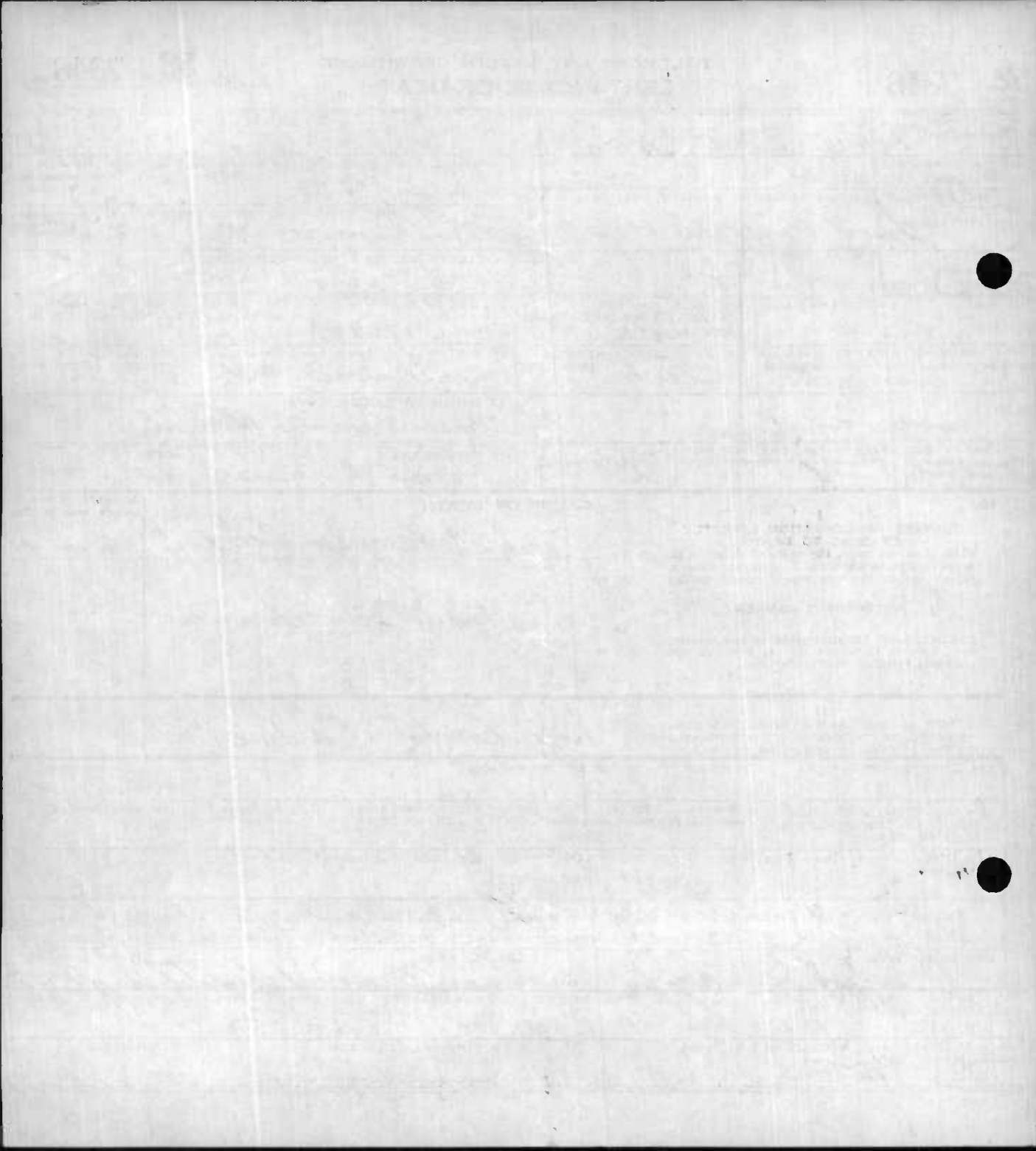
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **July 28, 1952** to **Aug 4, 1952**, that I last saw the deceased alive on **Aug 4, 1952**, and that death occurred at **6:20 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Randy Beasley</b>	23B. ADDRESS <b>Union Memorial Hospital</b>	23C. DATE SIGNED <b>Aug 4, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>8/1/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>MT. OLIVET. CEM</b>
24D. LOCATION (City, town, or county) <b>BALTO. MD</b>		(State)

DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 5 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Wm. J. Jenkins &amp; Sons Inc</b>	ADDRESS <b>Balto md</b>
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VS 150  
39090



220  
52 7347BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7347

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ALFRED J. SYKES

2. DATE

OF DEATH Aug 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3732 Winterbourne Rd.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3732 Winterbourne Rd.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 26, 1904

9. AGE (In years  
last birthday)

48

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired Sales-Mgr

10B. KIND OF BUSINESS OR  
INDUSTRY

Plumbing Supplies

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Archibald Sykes

14. MOTHER'S MAIDEN NAME

Rhona Cohen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Phyllis Sykes, 3732 Winterbourne Rd.

18. 193X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) Tuma (glioma) spinal cord  
DUE TO Progressive Paralysis  
(B) Tuma (glioma) spinal cord  
DUE TO  
(C)INTERVAL BETWEEN  
ONSET AND DEATH

4-5 yrs.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

1948  
1951

Glioma spinal cord

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1948 to Aug 2, 1951, that I last saw the  
deceased alive on July 31, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

D. Bernadine Cohen

M. D.

23B. ADDRESS

Marchmont

23C. DATE SIGNED

Aug 4-1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

AUG 5-1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. J. Jackson, Inc.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

290 68

MEDICAL CERTIFICATION



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14. *[Faint, illegible text]*

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99. *[Faint, illegible text]*

100. *[Faint, illegible text]*



412  
7348BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7348

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Addie E. Phillips</i>		2. DATE OF DEATH <i>Aug 4, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3215 W. Harrison</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3215 W. Harrison Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-18</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>3215 W. Harrison Avenue</i>			
P. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb. 19, 1872</i>	9. AGE (in years last birthday) <i>80</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Laurel, Delaware</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>James Ellis</i>		14. MOTHER'S MAIDEN NAME <i>Eliza Workman</i>		17. INFORMANT ADDRESS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. <i>410X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <i>Acute Heart Failure</i> DUE TO <i>Chr. Mitral Endocarditis</i> (B) <i>Myelasthenia</i> DUE TO (C) <b>INTERVAL BETWEEN ONSET AND DEATH</b> <i>5 days</i> <i>unknown</i> <i>unknown</i>	<b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
<b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 25, 1952 to Aug 4, 1952</i> that I last saw the deceased alive on <i>Aug 2, 1952</i> and that death occurred at <i>5:15 A.M.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>E. B. G. ...</i>		23B. ADDRESS <i>4936 Park Heights Ave</i>		23C. DATE SIGNED <i>8-4-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
<i>Burial Aug 6/52 Woodlawn</i>		<i>Aug 6/52</i>		<i>Woodlawn, Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
<i>AUG 5 - 1952</i>		<i>Huntington Williams, M.D.</i>		<i>Loring Byers 5005 Park Heights Ave</i>	

8-37 53





1947

UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF ECONOMIC RESEARCH

100

Description of Goods		Quantity		Value	
1. Wheat		100,000 bushels		\$1,000,000	
2. Corn		500,000 bushels		\$500,000	
3. Soybeans		200,000 bushels		\$400,000	
4. Cotton		100,000 bales		\$2,000,000	
5. Rice		100,000 bushels		\$1,000,000	
6. Sugar		100,000 tons		\$2,000,000	
7. Tobacco		100,000 tons		\$2,000,000	
8. Lumber		100,000 cubic feet		\$1,000,000	
9. Iron		100,000 tons		\$2,000,000	
10. Steel		100,000 tons		\$2,000,000	
11. Coal		100,000 tons		\$2,000,000	
12. Petroleum		100,000 tons		\$2,000,000	
13. Rubber		100,000 tons		\$2,000,000	
14. Cottonseed Oil		100,000 tons		\$2,000,000	
15. Soybean Oil		100,000 tons		\$2,000,000	
16. Corn Meal		100,000 tons		\$2,000,000	
17. Wheat Flour		100,000 tons		\$2,000,000	
18. Rice Meal		100,000 tons		\$2,000,000	
19. Sugar Meal		100,000 tons		\$2,000,000	
20. Tobacco Meal		100,000 tons		\$2,000,000	
21. Lumber Meal		100,000 tons		\$2,000,000	
22. Iron Meal		100,000 tons		\$2,000,000	
23. Steel Meal		100,000 tons		\$2,000,000	
24. Coal Meal		100,000 tons		\$2,000,000	
25. Petroleum Meal		100,000 tons		\$2,000,000	
26. Rubber Meal		100,000 tons		\$2,000,000	
27. Cottonseed Oil Meal		100,000 tons		\$2,000,000	
28. Soybean Oil Meal		100,000 tons		\$2,000,000	
29. Corn Meal Meal		100,000 tons		\$2,000,000	
30. Wheat Flour Meal		100,000 tons		\$2,000,000	
31. Rice Meal Meal		100,000 tons		\$2,000,000	
32. Sugar Meal Meal		100,000 tons		\$2,000,000	
33. Tobacco Meal Meal		100,000 tons		\$2,000,000	
34. Lumber Meal Meal		100,000 tons		\$2,000,000	
35. Iron Meal Meal		100,000 tons		\$2,000,000	
36. Steel Meal Meal		100,000 tons		\$2,000,000	
37. Coal Meal Meal		100,000 tons		\$2,000,000	
38. Petroleum Meal Meal		100,000 tons		\$2,000,000	
39. Rubber Meal Meal		100,000 tons		\$2,000,000	
40. Cottonseed Oil Meal Meal		100,000 tons		\$2,000,000	
41. Soybean Oil Meal Meal		100,000 tons		\$2,000,000	
42. Corn Meal Meal Meal		100,000 tons		\$2,000,000	
43. Wheat Flour Meal Meal		100,000 tons		\$2,000,000	
44. Rice Meal Meal Meal		100,000 tons		\$2,000,000	
45. Sugar Meal Meal Meal		100,000 tons		\$2,000,000	
46. Tobacco Meal Meal Meal		100,000 tons		\$2,000,000	
47. Lumber Meal Meal Meal		100,000 tons		\$2,000,000	
48. Iron Meal Meal Meal		100,000 tons		\$2,000,000	
49. Steel Meal Meal Meal		100,000 tons		\$2,000,000	
50. Coal Meal Meal Meal		100,000 tons		\$2,000,000	
51. Petroleum Meal Meal Meal		100,000 tons		\$2,000,000	
52. Rubber Meal Meal Meal		100,000 tons		\$2,000,000	
53. Cottonseed Oil Meal Meal Meal		100,000 tons		\$2,000,000	
54. Soybean Oil Meal Meal Meal		100,000 tons		\$2,000,000	
55. Corn Meal Meal Meal Meal		100,000 tons		\$2,000,000	
56. Wheat Flour Meal Meal Meal		100,000 tons		\$2,000,000	
57. Rice Meal Meal Meal Meal		100,000 tons		\$2,000,000	
58. Sugar Meal Meal Meal Meal		100,000 tons		\$2,000,000	
59. Tobacco Meal Meal Meal Meal		100,000 tons		\$2,000,000	
60. Lumber Meal Meal Meal Meal		100,000 tons		\$2,000,000	
61. Iron Meal Meal Meal Meal		100,000 tons		\$2,000,000	
62. Steel Meal Meal Meal Meal		100,000 tons		\$2,000,000	
63. Coal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
64. Petroleum Meal Meal Meal Meal		100,000 tons		\$2,000,000	
65. Rubber Meal Meal Meal Meal		100,000 tons		\$2,000,000	
66. Cottonseed Oil Meal Meal Meal Meal		100,000 tons		\$2,000,000	
67. Soybean Oil Meal Meal Meal Meal		100,000 tons		\$2,000,000	
68. Corn Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
69. Wheat Flour Meal Meal Meal Meal		100,000 tons		\$2,000,000	
70. Rice Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
71. Sugar Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
72. Tobacco Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
73. Lumber Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
74. Iron Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
75. Steel Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
76. Coal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
77. Petroleum Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
78. Rubber Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
79. Cottonseed Oil Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
80. Soybean Oil Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
81. Corn Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
82. Wheat Flour Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
83. Rice Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
84. Sugar Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
85. Tobacco Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
86. Lumber Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
87. Iron Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
88. Steel Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
89. Coal Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
90. Petroleum Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
91. Rubber Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
92. Cottonseed Oil Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
93. Soybean Oil Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
94. Corn Meal Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
95. Wheat Flour Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
96. Rice Meal Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
97. Sugar Meal Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
98. Tobacco Meal Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
99. Lumber Meal Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	
100. Iron Meal Meal Meal Meal Meal Meal Meal		100,000 tons		\$2,000,000	

320  
52 7350

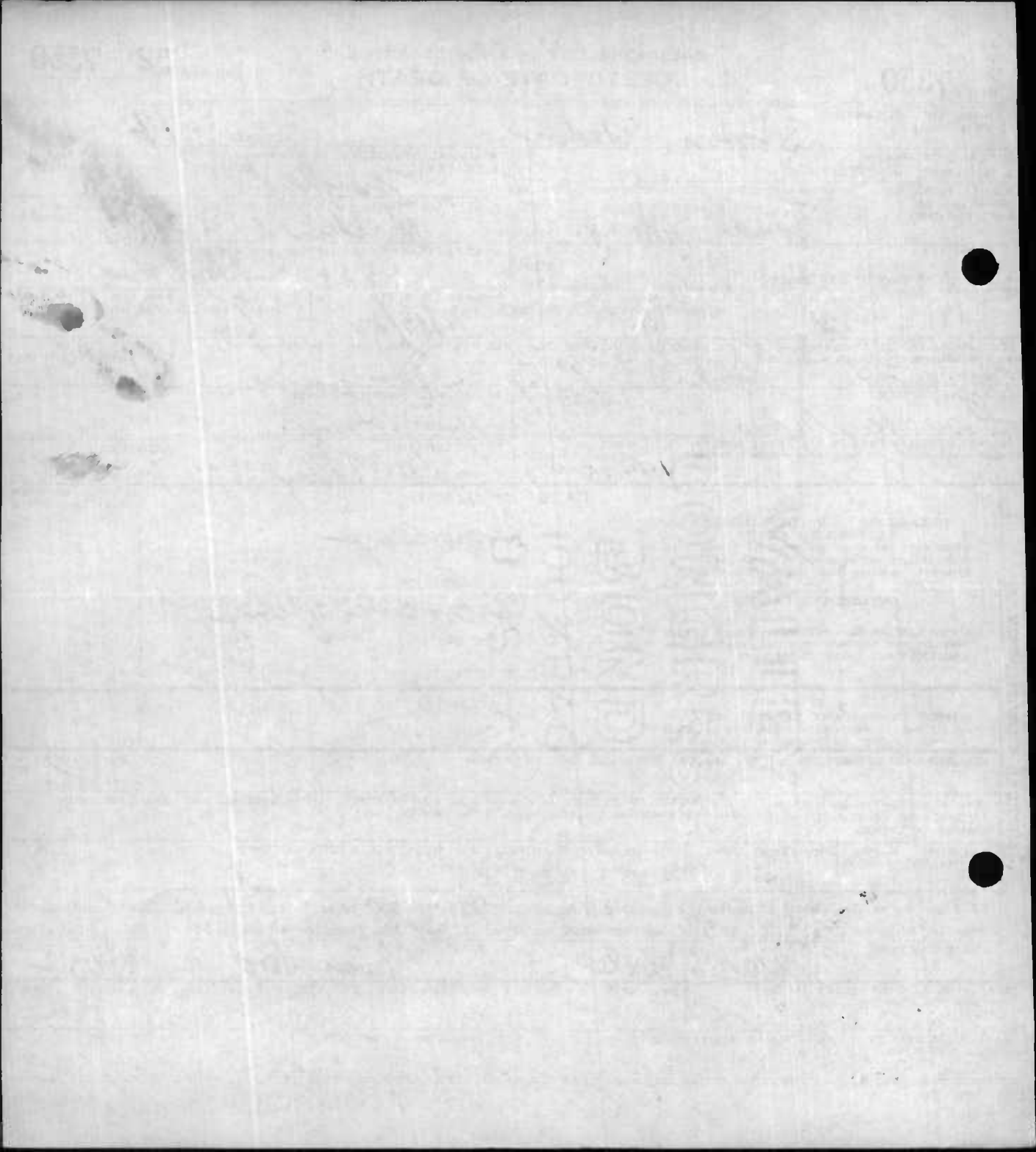
Stephen WADAS  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7350

1. NAME OF DECEASED (Type or Print) <b>Stephen Wadas</b>		2. DATE OF DEATH <b>8/4/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>15-10</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sinai Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write R.U.M.L. and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3801 Oakford Ave</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>7/13/86</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b> Carpenter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Englewood Laundry</b>	11. BIRTHPLACE (State or foreign country) <b>Hungary</b>
13. FATHER'S NAME <b>Frank Wadas</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>144-05-0978</b>	17. INFORMANT ADDRESS <b>Elizabeth Wadas 3801 Oakford Ave</b>
18. <b>163x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> <b>Hemorrhage</b> <b>Carcinoma of lung</b>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>✓</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7/16, 1952</b> to <b>8/4, 1952</b> , that I last saw the deceased alive on <b>8/4, 1952</b> , and that death occurred at <b>3:00 pm.</b> from the causes and on the date stated above.			
23A. SIGNATURE <b>Max J. Miller M.D.</b>		23B. ADDRESS <b>Sinai Hosp</b>	
23C. DATE SIGNED <b>8/4/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial August 5/52</b>		24B. DATE <b>August 5/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge</b>		24D. LOCATION (City, town, or county) (State) <b>Pikesville, Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS <b>Foring Byers 5005 Pk Heights</b>	
REGISTRAR'S SIGNATURE			

MEDICAL CERTIFICATION

51024 7348



-320  
52 7351BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7351  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JOHN FRANK KUTZ</b>		2. DATE OF DEATH <b>Aug 3 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>717 S. Milton ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 1-03</b>	
C. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>717 S. Milton ave</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 27 1901</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Excavators</b>	
13. FATHER'S NAME <b>Michael Kutz</b>		14. MOTHER'S MAIDEN NAME <b>Josephine Kalylski</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Laura Kutz</b>		ADDRESS <b>717 S. Milton Ave</b>	

18. <b>241X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Occlusion Aug 2 52</b> <b>Chn Myocarditis Jan 1 52</b> <b>Bronchial Asthma Jan 1946</b>	CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>Aug 2 52</b> <b>Jan 1 52</b> <b>Jan 1946</b>
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

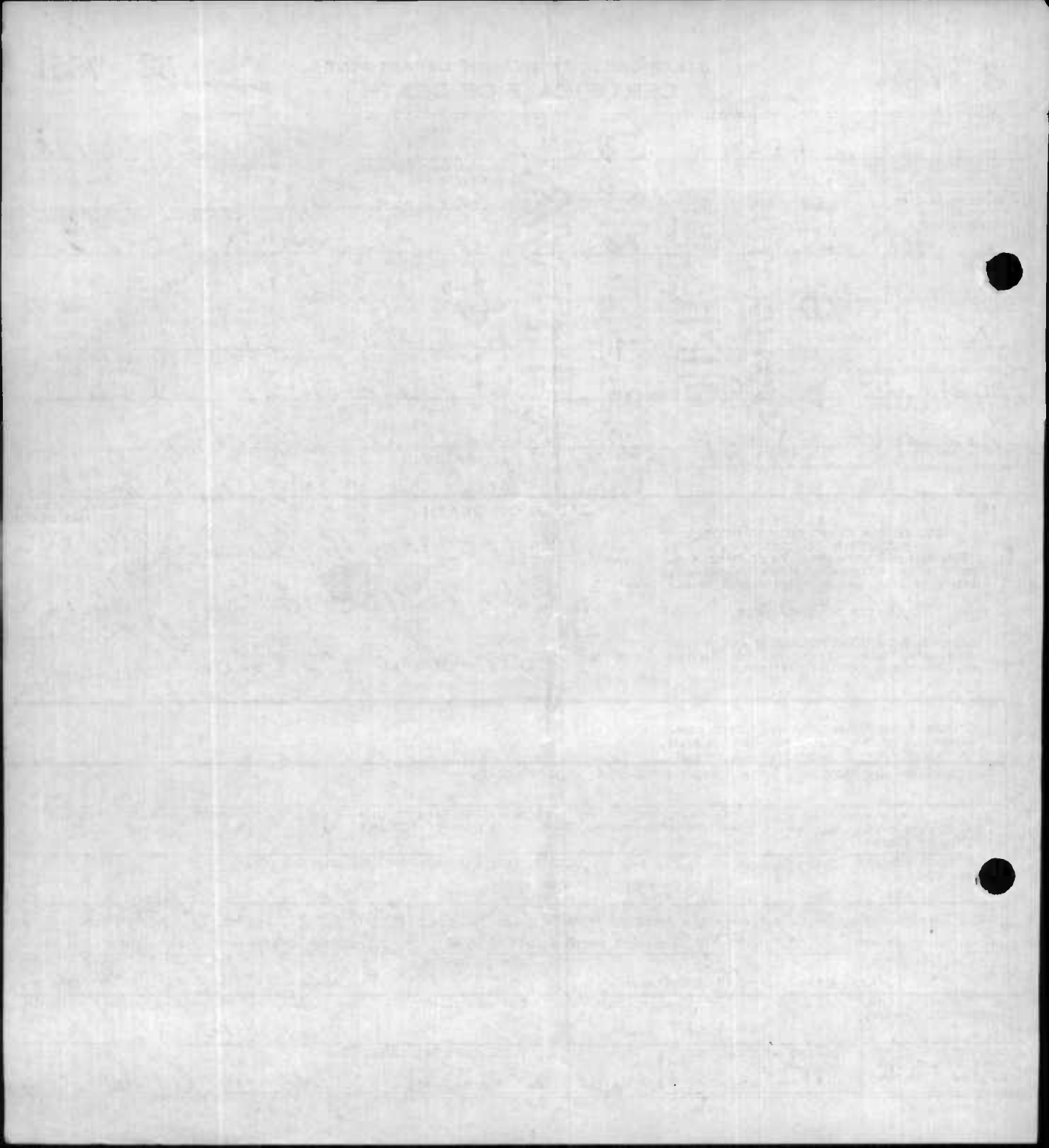
22. I hereby certify that I attended the deceased from **May 1, 1952** to **Aug 2, 1952**, that I last saw the deceased alive on **Aug 2, 1952**, and that death occurred at **6 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE **William F. Ryan** M. D. 23B. ADDRESS **801 W. Kenwood** 23C. DATE SIGNED **Aug 4 52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug 7 52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Rosary Cem</b>	24D. LOCATION (City, town, or county) (State) <b>Baltic County</b>
--	------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRY **AUG 5 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** FUNERAL DIRECTOR **John H. Weber** ADDRESS **401 S. Chester St**

54429



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7352  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Samuel C. Diehl, Jr.

2. DATE  
OF  
DEATH Aug. 4, 1952

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

5046 Reisterstown Road.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5046 Reisterstown Road

E. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 11, 1908

9. AGE (In years  
last birthday)

44

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Samuel C. Diehl, Sr

Shop

14. MOTHER'S MAIDEN NAME

Annie Wolf

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Emma B. Martin, 4955 Edgemere Ave.

18. 592x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) \_\_\_\_\_  
DUE TO

CHRONIC CHROMIOL NEPHRITIS

4 MONTHS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_  
DUE TO  
(C) \_\_\_\_\_

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

NONE

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952, to Aug 4, 1952, that I last saw the  
deceased alive on Aug 4, 1952, and that death occurred at 9:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

(State)

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Burial

8/7/52

Lorraine Park

Woodlawn, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 5 - 1952

Huntington Williams, 1500 N. 1st St.

1618 Reisterstown Rd

Aug 5/52

UNITED STATES DEPARTMENT OF AGRICULTURE  
OFFICE OF THE SECRETARY

1. The first part of the report deals with the general situation of the country and the progress of the work during the year. It is a summary of the work done by the various departments and is intended to give a general idea of the progress of the work.

2. The second part of the report deals with the work of the various departments. It is a detailed account of the work done by each department and is intended to give a more complete picture of the work done.

3. The third part of the report deals with the work of the various departments. It is a detailed account of the work done by each department and is intended to give a more complete picture of the work done.

4. The fourth part of the report deals with the work of the various departments. It is a detailed account of the work done by each department and is intended to give a more complete picture of the work done.

5. The fifth part of the report deals with the work of the various departments. It is a detailed account of the work done by each department and is intended to give a more complete picture of the work done.

6. The sixth part of the report deals with the work of the various departments. It is a detailed account of the work done by each department and is intended to give a more complete picture of the work done.

7. The seventh part of the report deals with the work of the various departments. It is a detailed account of the work done by each department and is intended to give a more complete picture of the work done.

8. The eighth part of the report deals with the work of the various departments. It is a detailed account of the work done by each department and is intended to give a more complete picture of the work done.

9. The ninth part of the report deals with the work of the various departments. It is a detailed account of the work done by each department and is intended to give a more complete picture of the work done.

10. The tenth part of the report deals with the work of the various departments. It is a detailed account of the work done by each department and is intended to give a more complete picture of the work done.

17640  
52 7353BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Hearl

52 7353

Registered No.

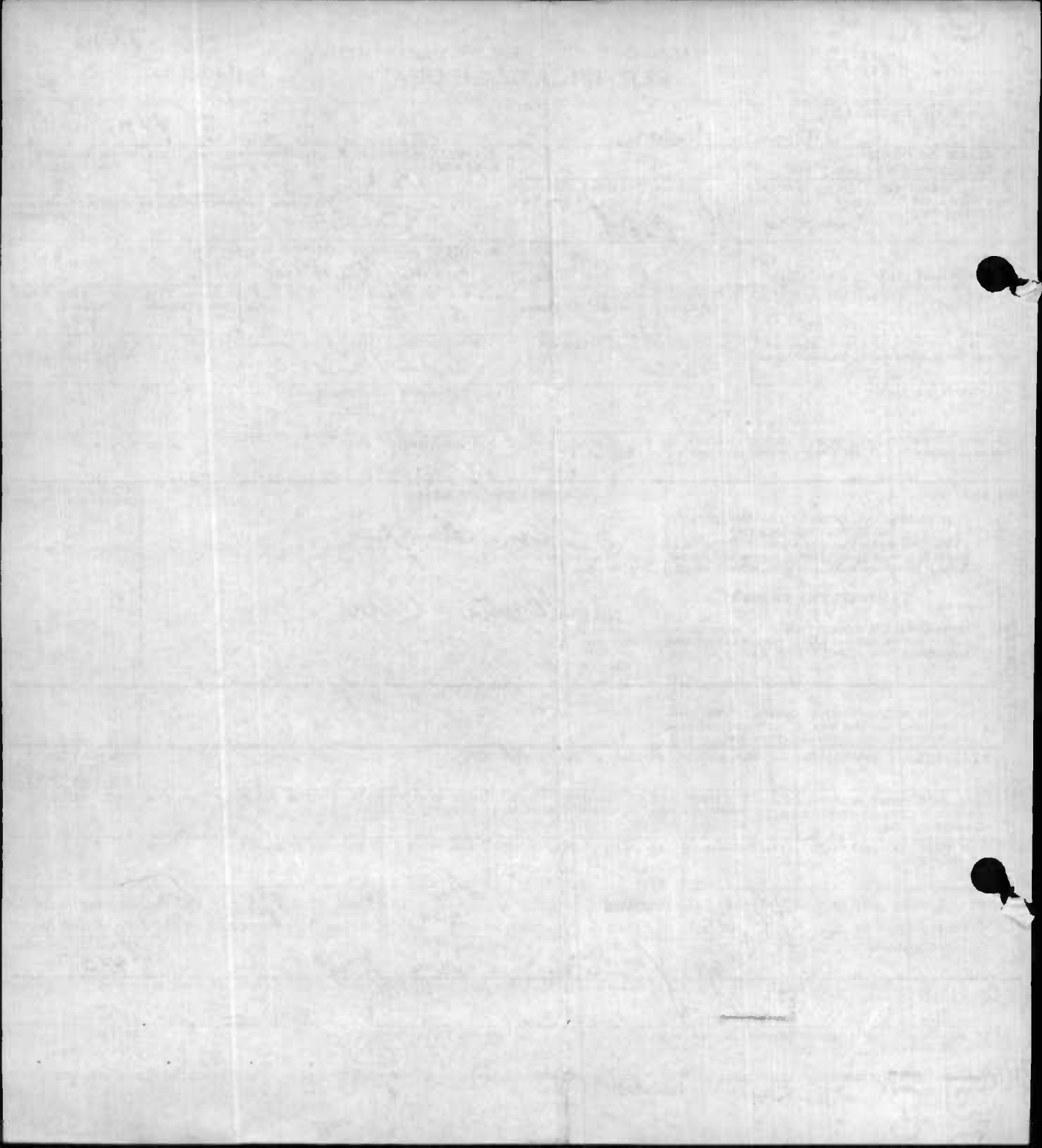
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>John Hearl</i>		2. DATE OF DEATH <i>8/4/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MO</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balbo.</i>	
Length of stay in Baltimore <i>65</i> Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location) <i>676 S. New Kirk St. 26-07</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>8/11/87</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Foreman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Weiskettel</i>	
13. FATHER'S NAME <i>John W. Hearl</i>		14. MOTHER'S MAIDEN NAME <i>Katherine ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Katherine Voight</i>		ADDRESS <i>same</i>	
18. <i>540.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Hemorrhage</i> (B) <i>Peptic Ulcer</i> (C)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>8/2</i> , 19 <i>52</i> , to <i>8/4</i> , 19 <i>52</i> that I last saw the deceased alive on <i>8/4</i> , 19 <i>52</i> and that death occurred at <i>3:20</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Max Miller</i>		23B. ADDRESS <i>Sinai Hosp.</i>	
23C. DATE SIGNED <i>8/4/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8-7-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Lilly &amp; Zeiler, Inc. 403 S. Wolfe Str.</i>		ADDRESS	

MEDICAL CERTIFICATION

AUG 5 - 1952  
VS 150

52324



L 257  
52 7354BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7354  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Theresa DeCompte</i>		2. DATE OF DEATH <i>Aug 4, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, in institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore - Dundalk</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>3487 Dunham Avenue - 353</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>9-4-22</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>30</i>
11. BIRTHPLACE (State or foreign country) <i>Ind.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>August Langley</i>		14. MOTHER'S MAIDEN NAME <i>Theresa?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS <i>✓</i>	

18. *002 X*

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Pulmonary tuberculosis, Cavitary.*INTERVAL BETWEEN ONSET AND DEATH  
*about 4 mo*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_  
(C) \_\_\_\_\_

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *✓*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 31, 1952* to *Aug 4, 1952* that I last saw the deceased alive on *Aug 4, 1952* and that death occurred at *8-0 m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

*Huntington Williams, M.D.*  
*Lilly & Zeiter Ch. - 403 S. Wolfe St.*

STATE OF TEXAS  
COUNTY OF DALLAS

John

Robert

1949

1949

1949

STATE OF TEXAS

STATE OF TEXAS

(2) 4460  
52 7355

52 7355

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-1795

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md B. COUNTY 27-18

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)  
4944 Dunmore Ave

Female

White

Single

8-19-50

9. AGE (In years last birthday)

10. Under 1 Year Months: Days 22  
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
JOHNS HOPKINS HOSPITAL

18. 344.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hydrocephalus

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/18 to 8/1, 1952 that I last saw the deceased alive on 8/1, 1952 and that death occurred at 1 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 5 - 1952

VS 150  
Huntington Williams, M.D. 4101 Edmondson Ave  
2500

INSTITUTION OF ORIGIN

100

100

INSTITUTION OF ORIGIN

Hydrocarbon

100

Hydrocarbon

(2) 52 7356  
13-255

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7356  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Bokman Ida A.

2. DATE

OF  
DEATH

Aug. 3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore, Kensington Road

D. STREET ADDRESS (If rural, give location)

4202 Kensington Road 5351

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

None

13. FATHER'S NAME

Gilbert Kreck

8. DATE OF BIRTH

July 24, 1894

9. AGE (in years  
last birthday)

58

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mary Slinkman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

William Bucheimer

ADDRESS

4202 Kensington Road

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATH

14 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cardiovascular Disease

20 years

DUE TO

(C)

Hypertension

Over weight

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

m.

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from Aug 2, 1952 to Aug 3, 1952, that I last saw the  
deceased alive on Aug 3, 1952, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Lokesh Bakhar

23B. ADDRESS

M. D. Maryland General Hospital

23C. DATE SIGNED

Aug 3, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 7/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

AUG 5 - 1952

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, MD

Harvey H. Butcher

4101 Edmondson Ave.

11/6  
5010  
25  
304

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7357  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Max Geiwitz</b>			2. DATE OF DEATH <b>Aug. 3/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1414 W. Saratoga St</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 19-01</b>		
D. STREET ADDRESS (If rural, give location) <b>1414 W. Saratoga St.</b>					
5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>			8. DATE OF BIRTH <b>July 9, 1860</b>		
9. AGE (In years last birthday) <b>92</b>			10. Under 1 Year Months: Days Hours: Min.		
11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME <b>George Geiwitz</b>			14. MOTHER'S MAIDEN NAME <b>Emma Dietz</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <b>Miss Elise Geiwitz, 1414 W. Saratoga St</b>			ADDRESS _____		

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerosis Cordis - vascular Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
CAUSE OF DEATH (A) DUE TO _____		
(B) DUE TO _____		
(C) DUE TO _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Prostate Hyper trophy</b>		<b>?</b>

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July 30, 1952, to Aug 7, 1952, that I last saw the deceased alive on Aug 7, 1952, and that death occurred at 5 A m., from the causes and on the date stated above.

23A. SIGNATURE <b>Carl P Rossling</b>	23B. ADDRESS <b>1326 N Lombard St</b>	23C. DATE SIGNED <b>Aug 5, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug. 6/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery</b>
24D. LOCATION (City, town, or county) <b>Balto. Md.</b>		

DATE RECEIVED BY LOCAL REGISTRAR <b>5-1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Harry A. Witzke</b>	ADDRESS <b>4101 Edmondson Ave.</b>
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OFFICE OF THE ATTORNEY GENERAL

IN SENATE

JANUARY 1, 1900

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1899

ALBANY: JAMES B. LEECH, STATE PRINTER, 1900.

240  
52 7358

52 7358

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Carrie A. Bessel

2. DATE

OF  
DEATH

Aug. 3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3709 W. Franklin St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN  
Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3709 W. Franklin St.

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 29, 1881

9. AGE (in years)

last birthday

71

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR

OWN HOME INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Cole

14. MOTHER'S MAIDEN NAME

Caroline Snyder

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Geo. J. Bessel, 41 N. Culver St.

18. 174X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Uremia

Hydro-nephrosis

1 week

2 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

uterine carcinoma

3 yrs.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Generalized arteriosclerosis  
Carcinomatosis

3 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1951 to Aug 3, 1952, that I last saw the deceased alive on Aug 2, 1952, and that death occurred at 1:30 pm, from the causes and on the date stated above.

23A. SIGNATURE

K. Kneibitz, M.D.

M. D.

23B. ADDRESS

400 N. Hilton St

23C. DATE SIGNED

8/5/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

8/7/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 5 - 1952

1952 Harry H. Hutzke 101 Edmondson Ave.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7359  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*George Albrecht*

2. DATE  
OF  
DEATH

*8-3-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore*

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

*4022 Edmondson Ave.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

*Fla.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*New Port Richey*

D. STREET ADDRESS (If rural, give location)

*River Bend Traylor Village, Inc.*

Length of stay in Baltimore

*2 days*

5. SEX

*M*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*Widower*

8. DATE OF BIRTH

*April 4, 1883*

9. AGE (In years  
last birthday)

*69*

If Under 1 Year  
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

*Retired*

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

*Albrecht*

14. MOTHER'S MAIDEN NAME

*Unknown*

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

*W. Harry Smith, 4022 Edmondson Ave.*

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

*Hypertensive Arteriosclerosis*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

*Cardiovascular Disease*

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

24D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Partial Autopsy* thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: *natural causes* ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William V. Smith*

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....

*8-3-52*

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

*Cremation*

*Aug. / / 52*

24C. NAME OF CEMETERY OR CREMATORY

*Loudon Park Crematory, Balto. 29, Md.*

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*5-1952*

*Huntington*

*William V. Smith*

*Harry H. Witzke*

*4101 Edmondson Ave.*

22-5-8

1891

1955-1956

44

144

*Hydrophylus*

1880-1881

1881

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7360**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**NANNIE FISHER DALLAM**

2. DATE  
OF  
DEATH

**AUG. 4, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**4001 GREENWAY**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

**MD.**

B. COUNTY

C. CITY OR TOWN

**BALTO.**

D. STREET ADDRESS (If rural, give location)

**4001 GREENWAY**

C. Length of stay in Baltimore

**LIFE**

5. SEX

**F**

6. COLOR OR RACE

**WHITE**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**MARRIED**

8. DATE OF BIRTH

**JULY 30, 1873**

9. AGE (In years last birthday)

**79**

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**HOUSEWIFE**

10B. KIND OF BUSINESS OR INDUSTRY

**OWN HOME**

11. BIRTHPLACE (State or foreign country)

**MD.**

12. CITIZEN OF WHAT COUNTRY?

**U.S.**

13. FATHER'S NAME

**CHARLES D. FISHER**

14. MOTHER'S MAIDEN NAME

**NANNIE P. DORSEY**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

**NO**

16. SOCIAL SECURITY NO.

17. INFORMANT

**C. BRAXTON DALLAM**

ADDRESS

**SAME**

18. **200.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Retroperitoneal neoplasia**

**4 months!**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerosis (Gen. + Cerebral)**  
(C) **Hypertrophic Arthritis (Spine)**

**1 year**  
**5 years**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Lymphosarcoma (Tongue - Treated)**

**7 years**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 15, 1949** to **August 4, 1952**, that I last saw the deceased alive on **Aug. 4, 1952**, and that death occurred at **8:20 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

**W. Grafton Herpfer**

M. D.

23B. ADDRESS

**214 Medical Bldg Building**

23C. DATE SIGNED

**August 4, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**BURIAL**

24B. DATE

**AUG. 6, 1952**

24C. NAME OF CEMETERY OR CREMATORY

**GREENMOUNT**

24D. LOCATION (City, town, or county)

**BALTO.**

**MD.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**AUG 5 - 1952**

**Huntington W. H. Jenkins**

25. FUNERAL DIRECTOR

ADDRESS

**H.W. JENKINS & SONS CO. 4905 YORK ROAD**

UNIT 84

RECEIVED AT HEADQUARTERS  
CENTRAL INTELLIGENCE AGENCY

5/17/64

MEMORANDUM FOR THE DIRECTOR

11

DATE: 5/17/64

TO: DIRECTOR

FROM: [illegible]

SUBJECT: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7361**

**BIRTH NO.**

**1. NAME OF DECEASED**  
(Type or Print)

*Ellice Lansdale Birnstock*

**2. DATE OF DEATH**

*Aug 3 1952*

**3. PLACE OF DEATH:**  
**A. Baltimore City, Maryland**

**B. FULL NAME OF HOSPITAL OR INSTITUTION** (If not in hospital or institution, give street address or location)

*Tudor Arms Apts*

**4. USUAL RESIDENCE** (Where deceased lived. If institution, residence before admission)

**A. STATE** *Ind.*

**B. COUNTY**

**C. CITY OR TOWN** (If outside corporate limits, write RURAL and give township)

*Baltimore*

**D. STREET ADDRESS** (If rural, give location)

*Tudor Arms apt 119W University Pkwy.*

**C. Length of stay in Baltimore**

**5. SEX**

*F*

**6. COLOR OR RACE**

*W*

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify)

*Widow*

**8. DATE OF BIRTH**

*June 11 1897*

**9. AGE** (In years last birthday)

*55*

**10. Under 1 Year** Months: Days

**11. Under 24 Hours** Hours: Min.

**10A. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)

*Housewife*

**10B. KIND OF BUSINESS OR INDUSTRY**

*—*

**11. BIRTHPLACE** (State or foreign country)

*Balto Ind*

**12. CITIZEN OF WHAT COUNTRY?**

*U.S.A.*

**13. FATHER'S NAME**

*John Morrow Lansdale*

**14. MOTHER'S MAIDEN NAME**

*Nettie Willing*

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no or unknown) (If yes, give war and dates of service)

*Yes WWI*

**16. SOCIAL SECURITY NO.**

*—*

**17. INFORMANT**

*Miss Louise M Lansdale*

**ADDRESS**

*Same*

**18. 175X**

**CAUSE OF DEATH**

**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH**  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

*Carcinoma - ovary with extensive metastasis*

**INTERVAL BETWEEN ONSET AND DEATH**

*about 3 mo.*

**ANTECEDENT CAUSES**

**DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.**

(B) DUE TO  
(C) DUE TO

**OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

*None*

**19A. DATE OF OPERATION**

*6/28/52*

**19B. MAJOR FINDINGS OF OPERATION**

*Carcinoma - Ovary*

**20. AUTOPSY?**

YES ☐ NO ☒

**21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH**

**21B. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.)

*—*

**21C. WHERE DID INJURY OCCUR?** (If in Baltimore City, give exact location)

*—*

**21D. TIME** (Month) (Day) (Year) (Hour)

*INJURY*

**21E. INJURY OCCURRED**

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21F. HOW DID INJURY OCCUR?**

**22. I hereby certify that I attended the deceased from May 5, 1952, to July 31, 1952, that I last saw the deceased alive on July 31, 1952, and that death occurred at 2:51 p. m., from the causes and on the date stated above.**

**23A. SIGNATURE**

*Weldon Ingham*

**23B. ADDRESS**

*Med. Art. Bldg.*

**23C. DATE SIGNED**

*8/4/52*

**24A. BURIAL, CREMATION, REMOVAL** (Specify)

*Burial*

**24B. DATE**

*Aug 6 / 52*

**24C. NAME OF CEMETERY OR CREMATORY**

*Drovid Ridge*

**24D. LOCATION** (City, town, or county) (State)

*Pikesville Md*

**DATE RECEIVED BY LOCAL REGISTRAR**

*AUG 5 - 1952*

**REGISTRAR'S SIGNATURE**

*Huntington Williams, M.D.*

**25. FUNERAL DIRECTOR**

*H. Jenkins & Sons 4905 York Rd*

**ADDRESS**

U. S. DEPARTMENT OF HEALTH  
CENTRAL BUREAU OF DEATHS

Dr. Eastland  
Med. Arts Bldg  
after 2 PM Mon.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7362  
Registered No. \_\_\_\_\_

BIRTH NO. 48-11281

1. NAME OF DECEASED  
(Type or Print)

*Thomas A. Emery*

2. DATE  
OF  
DEATH

*Aug. 3, 1952*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE *Md* B. COUNTY \_\_\_\_\_

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

*JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write full name and give relationship)  
*Baltimore 6-02*

C. Length of stay in Baltimore *life*  
Yrs. \_\_\_\_\_  
Mos. \_\_\_\_\_  
Days \_\_\_\_\_

D. STREET ADDRESS (If rural, give location)  
*406 N. Milton Ave.*

5. SEX

*male white*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
*single*

8. DATE OF BIRTH  
*5-20-48*

9. AGE (In years last birthday) *4*  
If Under 1 Year Months: Days \_\_\_\_\_  
If Under 24 Hours Hours: Min. \_\_\_\_\_

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*child*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
*Baltimore, Md.*

12. CITIZEN OF WHAT COUNTRY?  
*U.S.A.*

13. FATHER'S NAME

*Frank Emery*

14. MOTHER'S MAIDEN NAME

*Jeanette Spencer*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
*JOHNS HOPKINS HOSPITAL*

18. *193X*

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Glioma of the Pons*  
DUE TO

*6 wks*

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_  
DUE TO  
(C) \_\_\_\_\_

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7/9*, 19*52*, to *8/3*, 19*52*, that I last saw the deceased alive on *8/3*, 19*52*, and that death occurred at *12:51* P.m., from the causes and on the date stated above.

23A. SIGNATURE

*Robert E. Thunders* M.O.

23B. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED  
*Aug. 3, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify)  
*Burial*

24B. DATE

*Aug. 6, 1952*

24C. NAME OF CEMETERY OR CREMATORY

*Oak Lawn Cemetery*

24D. LOCATION (City, town, or county) (State)

*Eastern Ave., Baltimore, Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

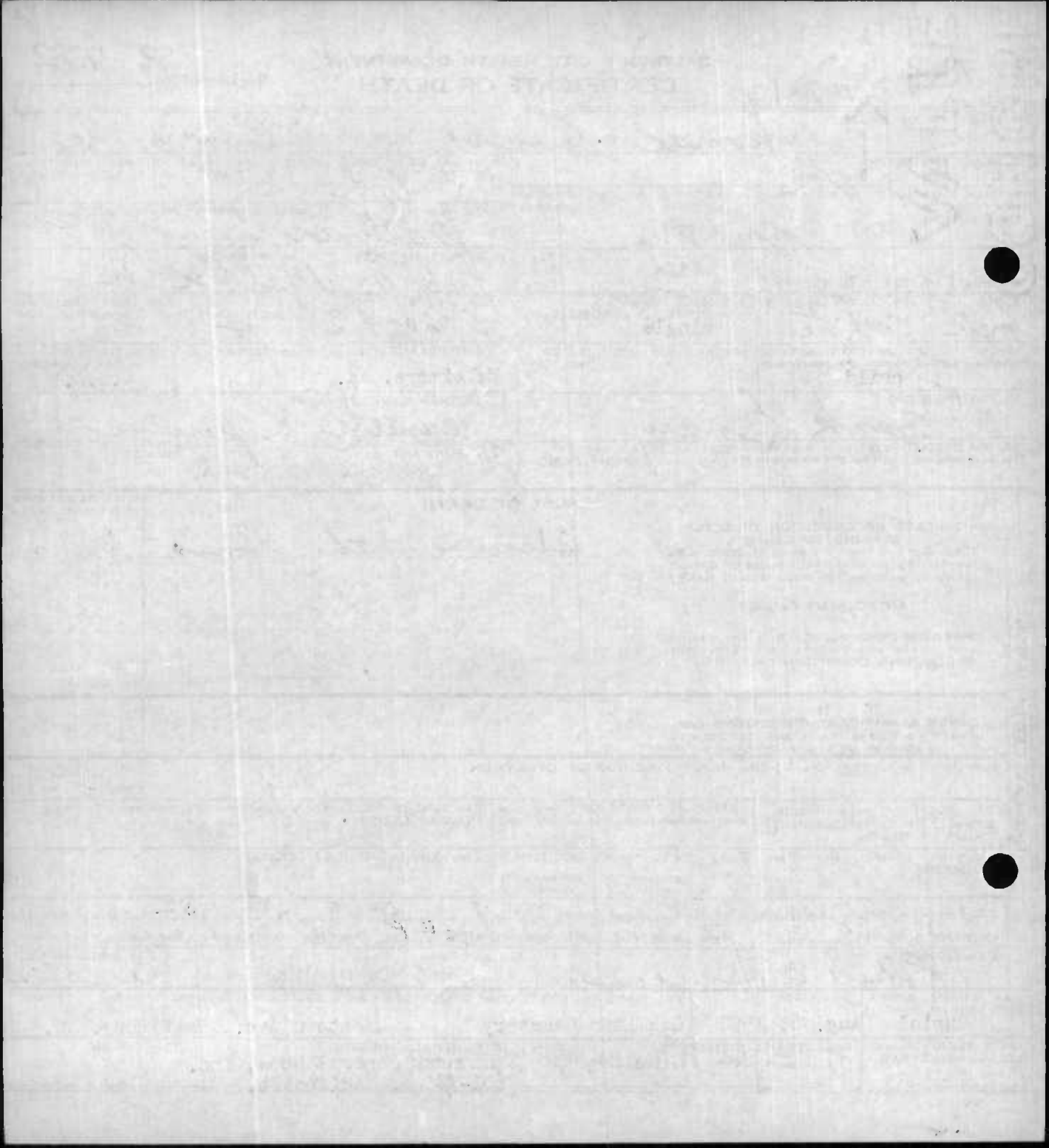
25. FUNERAL DIRECTOR

*Schimunek Funeral Home, Inc.*

ADDRESS

*2601-375 E. Madison St.*

**AUG 5 - 1952**



620  
52 7363  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 58 7363

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Josephine DiRosa		Aug. 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
2044 Kennedy Ave.,		Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
75- Yrs. Mos. Days		2044 Kennedy Ave.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	White	Widowed	Dec. 13, 1871
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
house work		Italy	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
at Home		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Salvatore Caranazza		Carmela Barrona	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
No		none	
17. INFORMANT		ADDRESS	
Mrs. Carmela Melfa		2044 Kennedy Ave	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO	Chronic Myocarditis	
(B) DUE TO	Arteriosclerotic Cardiovascular Disease	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Jan. 12, 1951, to August 4, 1952, that I last saw the deceased alive on Aug. 3, 1952, and that death occurred at 9:45 Am., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Samuel C. Brolf M.D.		1331 E. North Ave.		8.5.52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Aug. 7, 1952		Most Holy Redeemer	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore Md.		Elmer W. Conklin		924 E. Eager St.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			
AUG 5 - 1952		Huntington Williams, M.D.			

1957

1958

1959

1960



500

52 7364

II- 160101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 7364

BIRTH NO. 52-13221

1. NAME OF DECEASED  
(Type or Print) **Baby Boy- Finney- LaNee**

2. DATE OF DEATH **6-15-52**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Md.** B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**Baltimore City Hospital**  
**4940 Eastern Ave.**

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

7. STREET ADDRESS (If rural, give location)  
**1833 E. Chase St.**

8. LENGTH OF STAY IN BALTIMORE **Life**

9. SEX **Male**

10. COLOR OR RACE **Negro**

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**Single**

12. DATE OF BIRTH **June 15, 1952**

13. AGE (In years last birthday) **14**

14. MONTHS **14**

15. DAYS **14**

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country)  
**Md.**

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME  
**Leon Finney**

21. MOTHER'S MAIDEN NAME  
**LaNee Dones**

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

23. SOCIAL SECURITY NO.

24. INFORMANT **B. C. H. Records, 4940 Eastern Ave.**

25. ADDRESS

18. **776x** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Prematurity**

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 15, 1952**, to **June 15, 1952**, that I last saw the deceased alive on **June 15, 1952**, and that death occurred at **7:15 PM** from the causes and on the date stated above.

23A. SIGNATURE **[Signature]**

23B. ADDRESS **4940 Eastern Ave.**

23C. DATE SIGNED **6-17-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Cremated**

24B. DATE **6-17-52**

24C. NAME OF CEMETERY OR CREMATORY  
**B. C. H. Crematory**

24D. LOCATION (City, town, or county) (State)  
**4940 Eastern Ave.**

DATE RECEIVED BY LOCAL REGISTRAR  
**AUG 5 - 1952**

REGISTRAR'S SIGNATURE  
**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR ADDRESS

VS 150

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52 7385 W-452

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7385

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FRANCIS WILLIAMS

2. DATE  
OF  
DEATH

July 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hospital

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

male

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4/22/95

9. AGE (In years  
last birthday)

57

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

none

13. FATHER'S NAME

George Williams

11. BIRTHPLACE (State or foreign country)

Hampton, Va

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Lacie J. Williams

ADDRESS 2340

Loretta Ave

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) Hypertensive and arteriosclerotic  
cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

RBF

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

August 1, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Address 32 2nd

G 5 - 1952

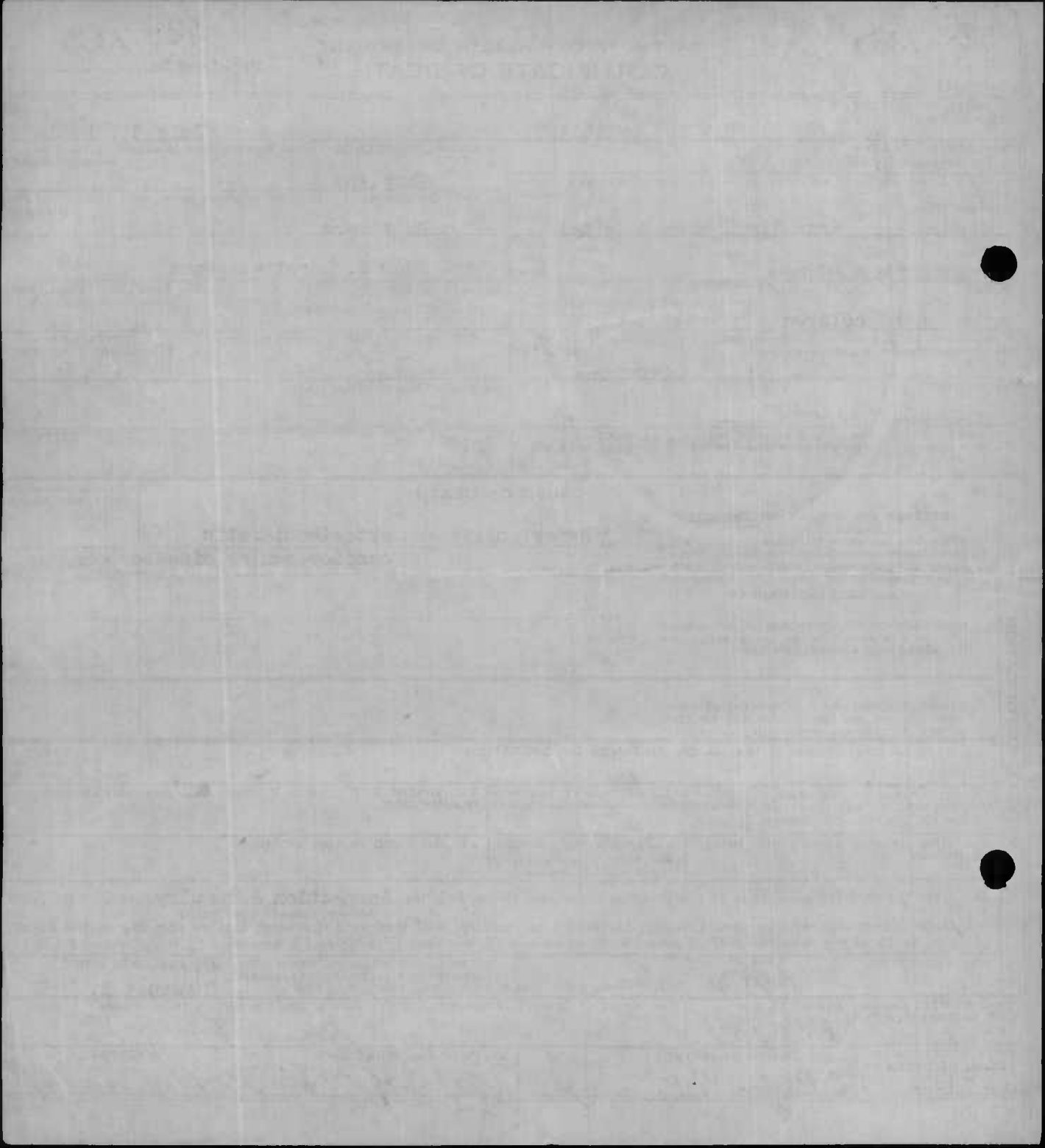
Huntington Williams, MD

The Late R. Williams - Baltimore

VS 151

97099

nd



M-324  
52 7366

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7366

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Earnest*  
**ROBERTA Metcalfe**

2. DATE  
OF  
DEATH

8-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Baltimore*

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

*Sevier Hospital of Balt*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE

*Maryland* B. COUNTY *Elkton*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore, Md. - 5934*

D. STREET ADDRESS (If rural, give location)

*165 Hollingsworth Manor*

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

*M*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*M*

8. DATE OF BIRTH

*July 28, 1899*

9. AGE (In years  
last birthday)

*53*

10 Under 1 Year  
Months: Days

11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

*Retired*

10B. KIND OF BUSINESS OR  
INDUSTRY

*Government*

11. BIRTHPLACE (State or foreign country)

*Alabama*

12. CITIZEN OF  
WHAT COUNTRY?

*U.S.A.*

13. FATHER'S NAME

*James Henry Metcalfe*

14. MOTHER'S MAIDEN NAME

*Malinda Shaw*

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

*Mary Wood Metcalfe Elkton Md*

18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

*Sudden Death due  
Hypertensive Intracerebral  
Hemorrhage*

(B)

DUE TO

*Right Pyelitis*

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

*8-5-52*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-3-52*, 19*52*, to *8-5-52*, 19*52*, that I last saw the  
deceased alive on *8-5-*, 19*52* and that death occurred at *11:13* m., from the causes and on the date stated above.

23A. SIGNATURE

*E. J. [Signature]*

M. D.

23B. ADDRESS

*Sevier Hosp.*

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

*Removal*

24B. DATE

*8-5-52*

24C. NAME OF CEMETERY OR CREMATORY

*Erlington National*

24D. LOCATION (City, town, or county)

*Baltimore*

(State)

*Ta. Md.*

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, Md.*

25. FUNERAL DIRECTOR

*St. W. Pippin & Son Elkton Md.*

ADDRESS

3337 5000 10000 15000 20000 25000 30000 35000 40000 45000 50000 55000 60000 65000 70000 75000 80000 85000 90000 95000 100000

100000 105000 110000 115000 120000 125000 130000 135000 140000 145000 150000 155000 160000 165000 170000 175000 180000 185000 190000 195000 200000

200000 205000 210000 215000 220000 225000 230000 235000 240000 245000 250000 255000 260000 265000 270000 275000 280000 285000 290000 295000 300000

300000 305000 310000 315000 320000 325000 330000 335000 340000 345000 350000 355000 360000 365000 370000 375000 380000 385000 390000 395000 400000

400000 405000 410000 415000 420000 425000 430000 435000 440000 445000 450000 455000 460000 465000 470000 475000 480000 485000 490000 495000 500000

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700000 705000 710000 715000 720000 725000 730000 735000 740000 745000 750000 755000 760000 765000 770000 775000 780000 785000 790000 795000 800000

800000 805000 810000 815000 820000 825000 830000 835000 840000 845000 850000 855000 860000 865000 870000 875000 880000 885000 890000 895000 900000

900000 905000 910000 915000 920000 925000 930000 935000 940000 945000 950000 955000 960000 965000 970000 975000 980000 985000 990000 995000 1000000

1000000 1005000 1010000 1015000 1020000 1025000 1030000 1035000 1040000 1045000 1050000 1055000 1060000 1065000 1070000 1075000 1080000 1085000 1090000 1095000 1100000

1100000 1105000 1110000 1115000 1120000 1125000 1130000 1135000 1140000 1145000 1150000 1155000 1160000 1165000 1170000 1175000 1180000 1185000 1190000 1195000 1200000

1200000 1205000 1210000 1215000 1220000 1225000 1230000 1235000 1240000 1245000 1250000 1255000 1260000 1265000 1270000 1275000 1280000 1285000 1290000 1295000 1300000

1300000 1305000 1310000 1315000 1320000 1325000 1330000 1335000 1340000 1345000 1350000 1355000 1360000 1365000 1370000 1375000 1380000 1385000 1390000 1395000 1400000

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1500000 1505000 1510000 1515000 1520000 1525000 1530000 1535000 1540000 1545000 1550000 1555000 1560000 1565000 1570000 1575000 1580000 1585000 1590000 1595000 1600000

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1700000 1705000 1710000 1715000 1720000 1725000 1730000 1735000 1740000 1745000 1750000 1755000 1760000 1765000 1770000 1775000 1780000 1785000 1790000 1795000 1800000

1800000 1805000 1810000 1815000 1820000 1825000 1830000 1835000 1840000 1845000 1850000 1855000 1860000 1865000 1870000 1875000 1880000 1885000 1890000 1895000 1900000

1900000 1905000 1910000 1915000 1920000 1925000 1930000 1935000 1940000 1945000 1950000 1955000 1960000 1965000 1970000 1975000 1980000 1985000 1990000 1995000 2000000

2000000 2005000 2010000 2015000 2020000 2025000 2030000 2035000 2040000 2045000 2050000 2055000 2060000 2065000 2070000 2075000 2080000 2085000 2090000 2095000 2100000

2100000 2105000 2110000 2115000 2120000 2125000 2130000 2135000 2140000 2145000 2150000 2155000 2160000 2165000 2170000 2175000 2180000 2185000 2190000 2195000 2200000

2200000 2205000 2210000 2215000 2220000 2225000 2230000 2235000 2240000 2245000 2250000 2255000 2260000 2265000 2270000 2275000 2280000 2285000 2290000 2295000 2300000

2300000 2305000 2310000 2315000 2320000 2325000 2330000 2335000 2340000 2345000 2350000 2355000 2360000 2365000 2370000 2375000 2380000 2385000 2390000 2395000 2400000

2400000 2405000 2410000 2415000 2420000 2425000 2430000 2435000 2440000 2445000 2450000 2455000 2460000 2465000 2470000 2475000 2480000 2485000 2490000 2495000 2500000

2500000 2505000 2510000 2

230  
52 7367

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7367  
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Oliver B. Pickett</i>			2. DATE OF DEATH <i>8-5-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>CARROLL</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Winfield 5600</i>					
C. Length of stay in Baltimore <i>3</i> <small>Yes, Mos. Days</small>			D. STREET ADDRESS (If rural, give location) <i>Rd 6 Westminster</i>					
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>7-21-1888</i>		9. AGE (In years last birthday) <i>64</i>	If Under 1 Year Months: Days		If Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Plumber</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>self-employed</i>			11. BIRTHPLACE (State or foreign country) <i>MD.</i>		
12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>			13. FATHER'S NAME <i>MARCUS D. B. Pickett</i>			14. MOTHER'S MAIDEN NAME <i>Emily WINDSAY</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>			16. SOCIAL SECURITY NO. <i>NONE</i>			17. INFORMANT ADDRESS <i>CORA E. Pickett Westminster Md.</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Cardiac failure - congestive</i> (B) <i>coronary infarction</i> (C)  INTERVAL BETWEEN ONSET AND DEATH	
--	--	--	--

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *8-2*, 19*52* to *8-5*, 19*52* that I last saw the deceased alive on *8-5*, 19*52*, and that death occurred at *4:50 P. M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>W L Heimer</i>		23B. ADDRESS <i>Union Hosp</i>		23C. DATE SIGNED <i>8-5-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>8-8-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Ebenezer</i>	
24D. LOCATION (City, town, or county) (State) <i>CARROLL Co. Md</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>C. M. Wright, Winfield, Md.</i>	

DATE RECEIVED BY LOCAL REGISTRAR  
**AUG 6 - 1952**  
VS 150

MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7368**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Lloyd Simms**

2. DATE OF DEATH

**Aug 4, 52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Univ. Hosp.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Md.**

B. COUNTY **Carroll**

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

**Mt. Airy**

D. STREET ADDRESS (If rural, give location)

**5600**

Length of stay in Baltimore

**2 days**

5. SEX

**M**

6. COLOR OR RACE

**Negro**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**MARRIED**

8. DATE OF BIRTH

**5-12-1892**

9. AGE (In years last birthday)

**60**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Laborer**

10B. KIND OF BUSINESS OR INDUSTRY

**Day**

11. BIRTHPLACE (State or foreign country)

**Maryland**

12. CITIZEN OF WHAT COUNTRY?

**U.S.**

13. FATHER'S NAME

**James Simms**

14. MOTHER'S MAIDEN NAME

**Edmonia Bennett**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

**none**

17. INFORMANT ADDRESS  
**Hanna Simms, Mt. Airy, Md.**

18. **332X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Cerebral Thrombosis**

**2 days**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 2, 1952** to **Aug 4, 1952** that I last saw the deceased alive on **Aug 4, 1952** and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**Imogene Baker**

M. D.

23B. ADDRESS

**Univ. Hosp.**

23C. DATE SIGNED

**Aug 4, 52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**BURIAL**

24B. DATE

**8-7-1952**

24C. NAME OF CEMETERY

**Mt. Zion**

24D. LOCATION (City, town, or county)

**Carroll Co., Md.**

DATE RECEIVED BY LOCAL REGISTRAR

**AUG 6 - 1952**

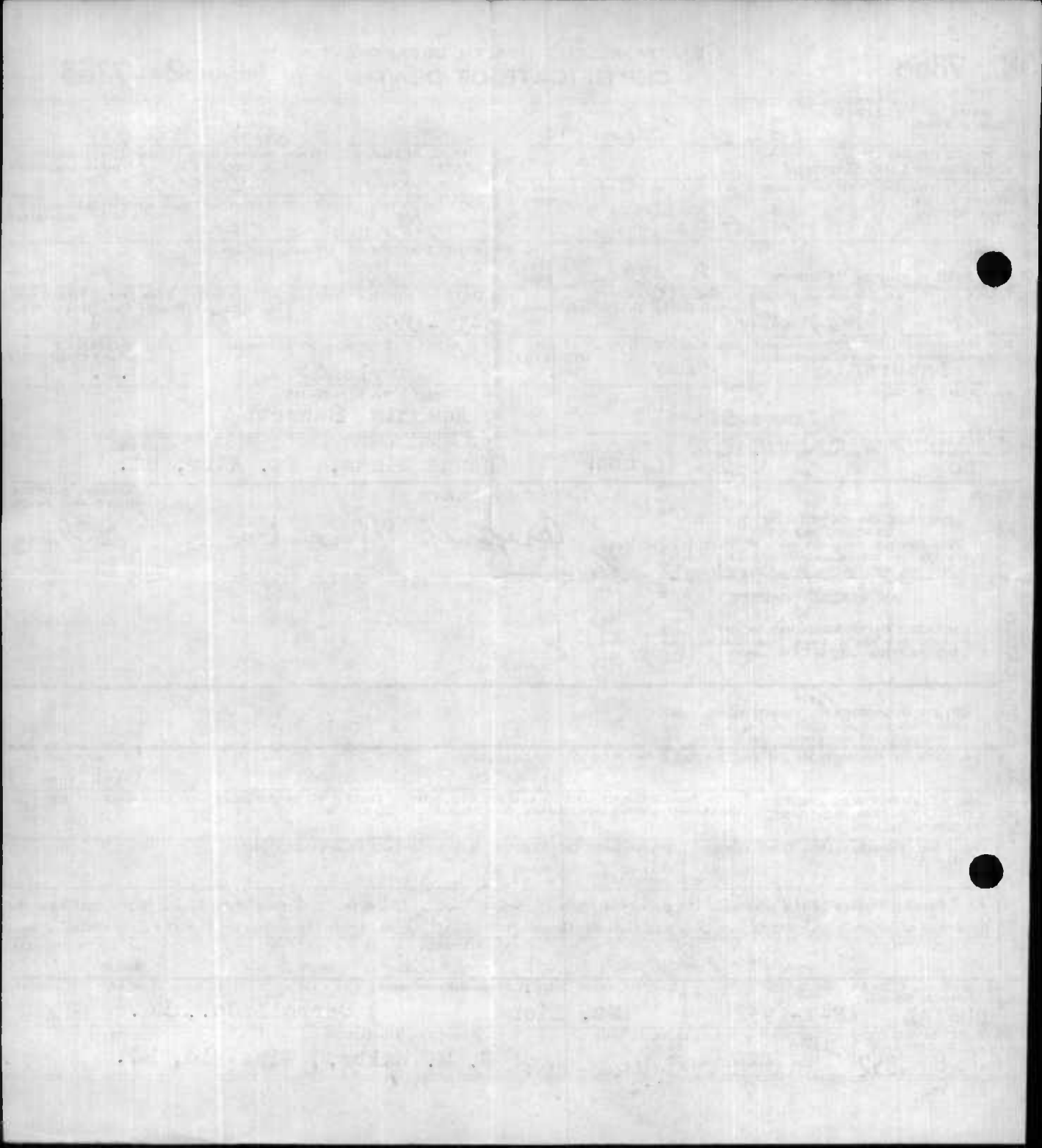
REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**C. M. Waltz, Winfield, Md.**

ADDRESS



500  
52 7369

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7369  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>JESSE WAYNE</b>		2. DATE OF DEATH <b>6 Aug 52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Pa.</b> B. COUNTY <b>V-35</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maryland General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Delta</b>			
C. Length of stay in Baltimore <b>2</b>		D. STREET ADDRESS (If rural, give location) <b>R. D # 2</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>6 May 1886</b>	9. AGE (In years last birthday) <b>66</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ind.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>American</b>		13. FATHER'S NAME <b>James R. Wayne</b>		14. MOTHER'S MAIDEN NAME <b>Emily ?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>unknown</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT <b>Wife</b>	

18. <b>181X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <b>Carcinomatosis due to</b> DUE TO (B) <b>Papillary carcinoma of</b> DUE TO (C) <b>urinary bladder.</b>		INTERVAL BETWEEN ONSET AND DEATH     <b>3 yrs.</b>
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19A. DATE OF OPERATION <b>5/27/52 (Previous adm.)</b>		19B. MAJOR FINDINGS OF OPERATION <b>Benign Papillomata bladder</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8/4**, 1952, to **8/6**, 1952, that I last saw the deceased alive on **8/5**, 1952, and that death occurred at **435 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>R. Mitchell M.D.</b>		23B. ADDRESS <b>M.D. Maryland General Hospital</b>		23C. DATE SIGNED <b>6 Aug 52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial Aug 9/52</b>		24B. DATE <b>Aug 9/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Stateville Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Delta Pa</b>		25. FUNERAL DIRECTOR <b>Ernest H. Burkholder</b>		ADDRESS <b>Delta Pa</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 6 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		10010	

MEDICAL CERTIFICATION

*[Faint handwritten notes at the bottom of the page, likely bleed-through from the reverse side.]*

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7370**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**WILLIAM ERIC KUBITZ**

2. DATE  
OF  
DEATH

**August 4, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**US Public Health Service Hospital  
Wyman Pk. Drive & 31st Street**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Florida**

B. COUNTY **V-08**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**St. Petersburg**

D. STREET ADDRESS (If rural, give location)

**2270- 7th Avenue , N Street**

5. SEX

**M**

6. COLOR OR RACE

**W**

7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**12/16/98**

9. AGE (In years last birthday)

**53**

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Master**

10B. KIND OF BUSINESS OR INDUSTRY

**Seafarer**

11. BIRTHPLACE (State or foreign country)

**Va.**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13. FATHER'S NAME

**Otto Kubitz**

14. MOTHER'S MAIDEN NAME

**Julia Harvey**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**?**

16. SOCIAL SECURITY NO.

**?**

17. INFORMANT ADDRESS  
**Records- US PHS Hospital, Balto, Md.**

18. **162X**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Bronchogenic carcinoma of right lung with metastases**

**8 mos.**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug. 1**, 19**52**, to **Aug. 4**, 19**52**, that I last saw the deceased alive on **Aug. 4**, 19**52**, and that death occurred at **8 A** m., from the causes and on the date stated above.

23A. SIGNATURE  
**J.A. Hunter, Clinical Director**

23B. ADDRESS  
**US PHS Hospital, Balto, Md.**

23C. DATE SIGNED  
**8/4/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**8/7/52**

24C. NAME OF CEMETERY OR CREMATORY

**Balto. Nat'l Cem.**

24D. LOCATION (City, town, or county) (State)

**Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**AUG 6 - 1952** **Huntington Williams, M.D.** **Ann J. Johnson** **Balto Md**

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DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

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Cause of Death

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STOMACH AND INTESTINES  
JAMES W. HARRISON

THE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH  
JAMES W. HARRISON  
STOMACH AND INTESTINES  
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416  
52 7371BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7371

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HORA SIBERMAN</b>		2. DATE OF DEATH <b>8-5-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>3306 Bateman Ave Baltimore</b>		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <b>15-37</b>	
6. Length of stay in Baltimore <b>60</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3306 Bateman Ave</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>90</b>
11. BIRTHPLACE (State or foreign country) <b>Lith</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Gershon</b>		14. MOTHER'S MAIDEN NAME <b>Leah</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>George Silbermann - Home</b>		ADDRESS	
18. <b>332X</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) <b>Cerebral Thrombosis</b> 3 days	
		(B) <b>General arteriosclerosis</b> 15 years	
		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>4/5</b> 19 <b>46</b> , to <b>6/5</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>6/5</b> , 19 <b>52</b> , and that death occurred at <b>330P</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>2324 Eubank Rd</b>	
23C. DATE SIGNED <b>8/6/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>8-7-52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Beth Tseloh</b>		24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 6 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
25. FUNERAL DIRECTOR <b>Jack Lewis</b>		ADDRESS <b>2100 E. Stand Rd</b>	

Zumberg  
2370 Cantons

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No.

52 7372

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MISS ROSA NEUMANN

2. DATE  
OF  
DEATH

8-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE-17

D. STREET ADDRESS (If rural, give location)

903 CHAUNCEY AVE.

C. Length of stay in Baltimore

~~16~~

16

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

9/26/1884

9. AGE (In years last birthday)

67

10. Under 1 Year Months: Days

11. Under 24 hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

FERDINAND NEUMANN

14. MOTHER'S MAIDEN NAME

SARAH SAMUEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

JACOB NEUMANN OLD COURT ROAD PIKESVILLE-8, MD.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRAL VASCULAR HEMORRHAGE

10 MIN

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) GENERALIZED ARTERIOSCLEROSIS

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-26, 1952, to 8-5, 1952, that I last saw the deceased alive on 8-5, 1952, and that death occurred at 5:16 A.M., from the causes and on the date stated above.

23A. SIGNATURE

*Rosa Neumann*

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

Aug 5, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Aug 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oheb Shalom Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams*

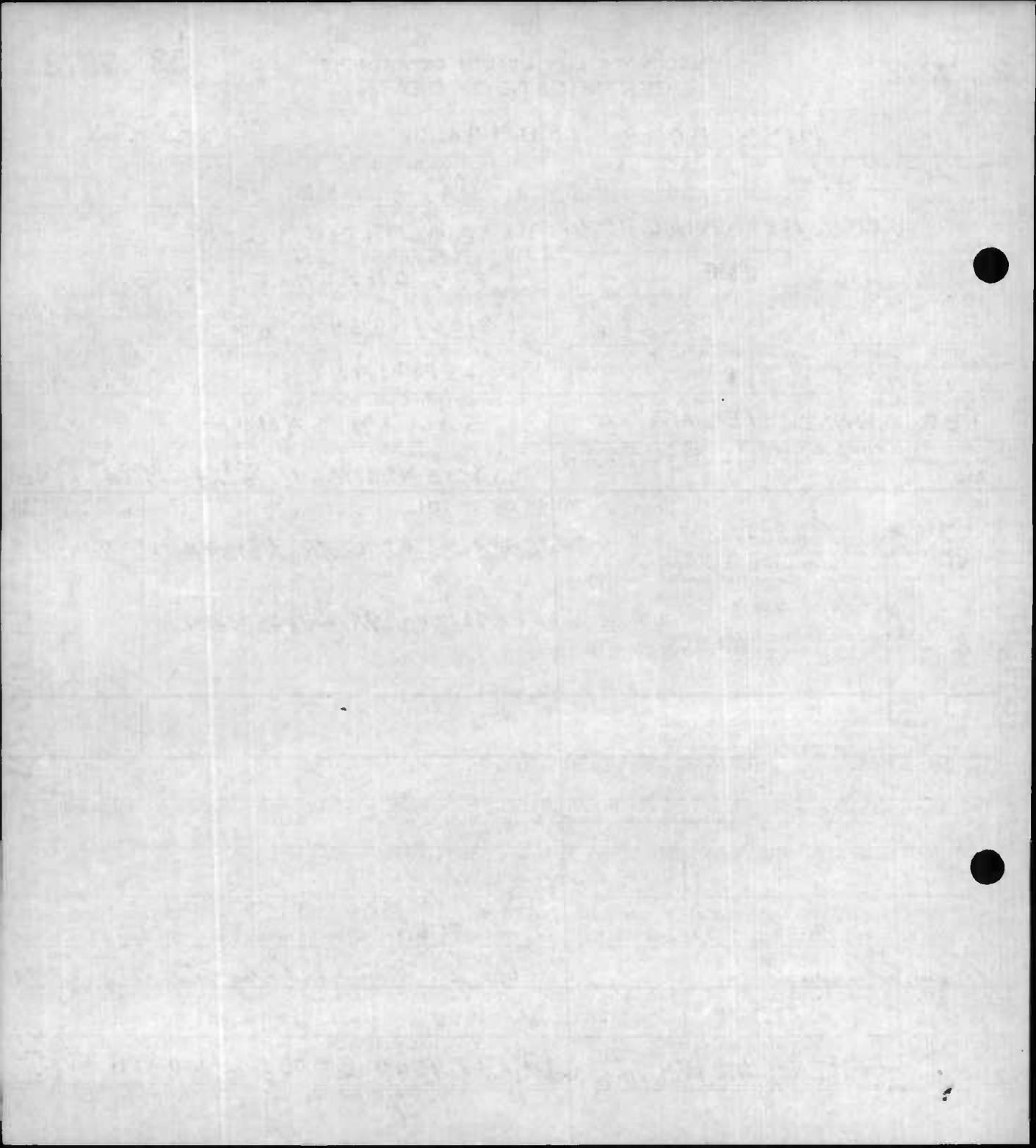
25. FUNERAL DIRECTOR

LEVINSON BROS. W. NORTH AVE.

ADDRESS

AUG 6 - 1952  
VS 150

MEDICAL CERTIFICATION



CERTIFICATE CORRECTED Oct. 2, 1952  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7373

1. NAME OF DECEASED (Type or Print) **OPAL JENETTE HARDESTY**

2. DATE OF DEATH **AUG. 4, 1952**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE **MARYLAND** B. COUNTY **Baltimore**

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
**HOSPITAL FOR THE WOMEN OF MARYLAND**

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**BALTIMORE, Dundalk**

7. STREET ADDRESS (If rural, give location)  
**205 ASHWOOD RD. 5300**

8. DATE OF BIRTH **JAN. 22, 1930.**

9. AGE (In years last birthday) **22**

10. SEX **F**

11. COLOR OR RACE **W**

12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

13. BIRTHPLACE (State or foreign country) **VIRGINIA**

14. CITIZEN OF WHAT COUNTRY? **U.S.A.**

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**HOUSEWIFE - Clerk**

16. KIND OF BUSINESS OR INDUSTRY  
**54104 STORE**

17. FATHER'S NAME **MILTON KEENE**

18. MOTHER'S MAIDEN NAME **Climey Keen**

19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **UNKNOWN**

20. SOCIAL SECURITY NO. **214-30-7256**

21. INFORMANT **CELA FLEX HARDESTY**

22. ADDRESS **205 Ashwood Rd. Dundalk, Md.**

CAUSE OF DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**ENCEPHALITIS, CAUSE UNKNOWN**

2. ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
**BRONCHOPNEUMONIA**

3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
**PERNICIOUS VOMITING OF PREGNANCY**

4. INTERVAL BETWEEN ONSET AND DEATH  
**24 HRS.**

5. DATE OF OPERATION **2**

6. MAJOR FINDINGS OF OPERATION **HYPEREMESIS GRAVIDARUM**

7. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

8. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

9. WHERE AND WHEN INJURY OCCURRED (If in Baltimore City, give exact location)  
**HOME**

10. TIME (Month) (Day) (Year) (Hour) INJURY

11. INJURY OCCURRED

12. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 1**, 1952, to **Aug 4**, 1952, that I last saw the deceased alive on **Aug. 4**, 1952, and that death occurred at **10:52 P.M.**, from the causes and on the date stated above.

23. SIGNATURE **Robert R. Karch**

24. ADDRESS **Dep. Dir. The Women of Md. 8/5/52**

25. BURIAL, CREMATION, REMOVAL (Specify)

26. DATE **Aug 8-52**

27. NAME OF CEMETERY OR CREMATORY **Ward's Chapel**

28. LOCATION (City, town, or county) (State) **Balto County Md.**

29. DATE RECEIVED BY LOCAL REGISTRAR **AUG 6 - 1952**

30. REGISTRAR'S SIGNATURE **Huntington Williams**

31. FUNERAL DIRECTOR **W. L. Haight**

32. ADDRESS **Sylmar, Md.**

See Document File 52-7373 Correction letter from  
Dr. Russell S. Fisher, Chief Medical Examiner

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7374  
Registered No.

BIRTH NO.

49-01306

1. NAME OF DECEASED  
(Type or Print)

EDWARD

ROSS

2. DATE  
OF  
DEATH

August 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Lutheran Hospital

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2829 Waldorf Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1/23/49

9. AGE (In years  
last birthday)

3

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Philip Adams

14. MOTHER'S MAIDEN NAME

Kathlene Ross Pruitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Heat stroke

~~XXXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Dehydration

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

2829 Waldorf Avenue

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

August 4, 1952 m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Exhaustion from heat

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Aug. 5, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

8/7/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county) (State)

Balto. Co. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. 1217 St. Paul St.

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N 981.3

7372

CERTIFICATE OF DEATH

STATE OF TEXAS

COUNTY OF DALLAS

DECEASED

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 7375

BIRTH NO. 7375

1. NAME OF DECEASED (Type or Print) <b>MADELINE LINTHICUM</b>			2. DATE OF DEATH <b>August 5, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Lutheran Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. LENGTH OF STAY IN BALTIMORE			E. STREET ADDRESS (If rural, give location) <b>720 N. Appleton Street</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Feb. 1880</b>	9. AGE (In years last birthday) <b>72</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Female</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Thomas Williams</b>			14. MOTHER'S MAIDEN NAME <b>Isabelle Witters</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Miss Margaret Travers, 5029 Gwynn Oak Ave.</b>		

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> DUE TO (A) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C) _____		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Cook</i>	23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <b>Aug. 5, 1952</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug. 7, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 6 - 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Wm. Cook</i>	ADDRESS <i>1217 St Paul St</i>
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137

STATE OF NEW YORK  
CERTIFICATE OF DEATH

DECEASED

163  
52 7376BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7376  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SAMUEL J. LIBERTO

2. DATE

OF DEATH Aug. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

1839 W. Lombard St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1839 W. Lombard St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Jan. 21, 1899

9. AGE (In years  
last birthday)

53

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Chauffeur, Auto

10B. KIND OF BUSINESS OR  
INDUSTRY

Gas &amp; Electric Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Frank Liberto

14. MOTHER'S MAIDEN NAME

Camelia (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

212-05-3376

17. INFORMANT

ADDRESS

Franklin W. Liberto, 1839 W. Lombard St.

18. 157X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) CANCER OF PANCREAS  
DUE TO OBSTRUCTIVE JAUNDICE  
& METASTASES TO LIVERINTERVAL BETWEEN  
ONSET AND DEATH

6 MOS?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

APRIL 1952

19B. MAJOR FINDINGS OF OPERATION

CA. OF PANCREAS &amp; METASTASES

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1952, to 8/3, 1952, that I last saw the  
deceased alive on 7/31, 1952, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

8/7/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

AUG 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25 FUNERAL DIRECTOR

ADDRESS

1219 ST Paul



561  
52 7377

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7377  
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Rose L. Summerfield</u>			2. DATE OF DEATH <u>August 5, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2205 Linden Ave</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore Maryland</u>		
D. STREET ADDRESS (If rural, give location) <u>2205 Linden Ave</u>			E. LENGTH OF STAY IN BALTIMORE <u>40 Yrs</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec. 15, 1873</u>	9. AGE (In years last birthday) <u>78</u>	10. Under 1 Year Months: <u>7</u> Days: <u>21</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		
11. BIRTHPLACE (State or foreign country) <u>Danville, Virginia</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Meyer Summerfield</u>			14. MOTHER'S MAIDEN NAME <u>Carrie Bowers</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>Miss Fannie Summerfield</u>		
17. INFORMANT <u>Miss Fannie Summerfield</u>			ADDRESS <u>2205 Linden Ave</u>		
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary Thrombosis</u> DUE TO <u>Coronary Insufficiency</u> DUE TO <u>Generalized Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 yrs</u> <u>7 yrs</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>August 5, 1952</u> , to <u>August 5, 1952</u> , that I last saw the deceased alive on <u>August 3, 1952</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>H. W. Drinker</u>		23B. ADDRESS <u>Emerson St.</u>		23C. DATE SIGNED <u>August 5, 1952</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>August 7, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Hebrew Friendship</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore St. Balti., Md.</u>		25. FUNERAL DIRECTOR <u>David R. Martin</u>		ADDRESS <u>1902 Eutaw Place</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 6 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		VS 150 <u>19520007375</u>	

MEDICAL CERTIFICATION

EASTWICH CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

25

1913

NAME

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7378  
Registered No. \_\_\_\_\_

532  
2 7378  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>RICHARD HENTSCHEL</b>			2. DATE OF DEATH <b>AUG. 4, 1952</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>BON SECOURS HOSP.</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 27-03</b>		
d. Length of stay in Baltimore <b>67</b> Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <b>2707 SOUTHERN AVE.</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWER</b>	8. DATE OF BIRTH <b>11-28-84</b>		9. AGE (in years last birthday) <b>67</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STALL KEEPER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>MARKET</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>
13. FATHER'S NAME <b>ROBERT HENTSCHEL</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>DAUGHTER</b>
					ADDRESS <b>SAME</b>

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <b>MYOCARDIAL INFARCTION</b>			<b>1 DAY</b>
DUE TO			
(B) <b>ARTERIOSCLEROTIC HEART DISEASE</b>			<b>1 YEAR</b>
DUE TO			
(C) _____			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Aug. 4, 1952**, to **Aug. 4, 1952** that I last saw the deceased alive on **Aug. 4, 1952**, and that death occurred at **1000 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>William A. Pillsbury</b> M.D.		23B. ADDRESS <b>Bon Secours Hosp.</b>		23C. DATE SIGNED <b>8-4-52</b>	
--	--	--	--	-----------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24B. DATE <b>8-7-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 6 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>L. I. Buck &amp; Sons</b>		ADDRESS <b>6305 Hartford Rd</b>	

1 4 5 2 - 029067 370

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7379  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HARRY W. Tiedemann</b>		2. DATE OF DEATH <b>Aug. 4, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore, Md.</b>		4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>3114 Frederick Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>20-06</b>	

c. Length of stay in Baltimore

Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Days \_\_\_\_\_

D. STREET ADDRESS (If rural, give location)  
**3114 Frederick Ave.**

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 7, 1882</b>	9. AGE (In years last birthday) <b>70</b>	If Under 1 Year Months: <b>6</b> Days: <b>27</b>	If Under 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Clavering Machine Elevator</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Henry Tiedemann</b>			14. MOTHER'S MAIDEN NAME <b>(Unknown)</b>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>216-09-3757</b>	17. INFORMANT <b>Mrs. Augusta Tiedemann</b>	ADDRESS
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18. **420.1** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Crown Artery Occlusion** DUE TO

ANTECEDENT CAUSES

(B) \_\_\_\_\_ DUE TO

(C) \_\_\_\_\_

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Blunt Force Injury**

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 28, 1952** to **Aug. 4, 1952** that I last saw the deceased alive on **Aug. 3, 1952** and that death occurred at **10:10** m., from the causes and on the date stated above.

23A. SIGNATURE <b>J. McCallum</b>	23B. ADDRESS <b>3321 Frederick Ave.</b>	23C. DATE SIGNED <b>8/6/52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug. 8, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Landon Park Cemetery Baltimore, Md.</b>	24D. LOCATION (City, town, or county) (State)
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DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 6 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, Md.</b>	25. FUNERAL DIRECTOR <b>Leonard F. Ruck</b>	ADDRESS <b>5305 Bayford Rd. Balto. 14, Md.</b>
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520  
52 7380

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7380

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>EMMA DOWNS</b>			2. DATE OF DEATH <b>8-5-52</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MD</b> b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>822 N. CARROLLTON AVE</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>16-01</b>		
Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <b>822 Carrollton Ave</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>8-1-1862</b>		9. AGE (In years last birthday) <b>90</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore City</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>John Mitchell</b>			14. MOTHER'S MAIDEN NAME <b>Zenkow</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Ida Campbell</b>		ADDRESS <b>822 Carrollton</b>

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) <b>myocardial failure</b>		DUE TO		
ANTECEDENT CAUSES		(B) <b>arteriosclerotic cardiovascular disease</b>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Jan.**, 19**51**, to **7-15**, 19**52**, that I last saw the deceased alive on **7-15**, 19**52**, and that death occurred at **12:40 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Thomas W. Harris</b>	23B. ADDRESS <b>1824 W. Franklin St</b>	23C. DATE SIGNED <b>8-5-52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>8/6/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>W. Auburn</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore City MD</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 6 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Frances A. Hershey</b>	ADDRESS <b>678 N. Biddle St</b>

19520007370

1000

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7381**

BIRTH No. **7381**

1. NAME OF DECEASED (Type or Print) <b>HELEN LOVE</b>		2. DATE OF DEATH <b>August 4, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>16 E. Chase Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>16 E. Chase Street</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 12, 1892</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>59</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME <b>Jerome I. Vogeler</b>		11. BIRTHPLACE (State or foreign country) <b>Md.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Laura A. Graue</b>	
17. INFORMANT <b>A. Gallitin Love</b>		ADDRESS <b>Same</b>	

18. <b>581.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Fatty infiltration of liver</b>	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) <b>Fatty infiltration of liver</b> DUE TO  (B) DUE TO  (C)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>R. S. Fisher</b> M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Aug. 4, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24B. DATE <b>8-6-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 6 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		
25. FUNERAL DIRECTOR <b>H.W. Jenkins &amp; Sons Co.</b>		ADDRESS <b>4905 York Rd.</b>		

[Faint, mostly illegible text covering the body of the document, possibly a ledger or record book. The text is mirrored across the page, suggesting bleed-through from the reverse side.]

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7382

BIRTH NO.

1. NAME OF DECEASED  
(Type & Print)

LIZZETTA SCHNEIDER

2. DATE  
OF  
DEATH

AUG. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

1416 E. COLD SPRING LANE

C. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN

(If outside corporate limits, give RURAL and give township)

BALTO.

D. STREET ADDRESS (If rural, give location)

1416 E. COLD SPRING LANE

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

FEB. 8, 1867

9. AGE (In years  
last birthday)

85

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

STOREKEEPER

10B. KIND OF BUSINESS OR  
INDUSTRY

OWN BUSINESS

11. BIRTHPLACE (State or foreign country)

BALTO., MD.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

HENRY SCHNEIDER

14. MOTHER'S MAIDEN NAME

WILHELMINA STROVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

JOSEPH P. LORDEN

ADDRESS

ABOVE

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

2 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 1952, to Aug. 4, 1952, that I last saw the  
deceased alive on Aug. 4, 1952, and that death occurred at 9:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

8-7-1952

MORELAND MEMORIAL

BALTO Co.

MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 6 - 1952

Huntington Williams, MD

H.W. JENKINS &amp; SONS Co 4905 YORK ROAD



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7383**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**ANNIE IVEY (Whitaker)**

2. DATE  
OF  
DEATH

**Aug. 5, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**University Hospital**

C. CITY OR TOWN,

(If outside corporate limits, write RURAL and give township)

**Baltimore**

**8-06**

D. STREET ADDRESS (If rural, give location)

**1615 North Broadway**

C. Length of stay in Baltimore

5. SEX

**F**

6. COLOR OR RACE

**Negro**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**WIDOWED**

8. DATE OF BIRTH

**Nov. 25, 1884**

9. AGE (In years last birthday)

**68**

Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Georgia**

12. CITIZEN OF WHAT COUNTRY?

**USA.**

13. FATHER'S NAME

**Curtis Thomas Ivey**

14. MOTHER'S MAIDEN NAME

**? ?**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Louise Walker**

18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Acute myocardial infarction**

**1 1/4 hours**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerotic Heart Disease ?**

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Bilateral pneumonia**

**1 month**

19A. DATE OF OPERATION

**None**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **July 29, 1952**, to **August 5, 1952**, that I last saw the deceased alive on **August 5, 1952**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**Richard C. Packert**

M. D.

23B. ADDRESS

**University Hospital**

23C. DATE SIGNED

**Aug 5, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**Aug. 9/52**

24C. NAME OF CEMETERY OR CREMATORY

**Mt. Calvary Cem.**

24D. LOCATION (City, town, or county)

**A. A. County Md**

DATE RECEIVED BY LOCAL REGISTRAR

**AUG 6 - 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams**

25. FUNERAL DIRECTOR

**Mrs. Lott A. Elliot x Daughter**

ADDRESS

**1952 1159 N. E. Eoline St**

1000

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

STATE OF TEXAS

THE STATE OF TEXAS,  
COUNTY OF \_\_\_\_\_  
I, \_\_\_\_\_, Clerk of the County,  
do hereby certify that \_\_\_\_\_  
is the owner of \_\_\_\_\_  
situated in \_\_\_\_\_  
County, State of Texas,  
and that \_\_\_\_\_  
is the owner of \_\_\_\_\_  
situated in \_\_\_\_\_  
County, State of Texas.

630

52 7384

FORD  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7384

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Edna Ford</u>			2. DATE OF DEATH <u>August 4, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>6-02</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>441 N. Milton Ave.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-14-97</u>		9. AGE (In years last birthday) <u>54</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Balto</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Herman Oursler</u>			14. MOTHER'S MAIDEN NAME <u>Lillian Nordt</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		

18. <u>331X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>Arteriosclerotic accident</u> DUE TO  (B) _____ DUE TO  (C) _____	INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8-4, 1952, to 8-4, 1952, that I last saw the deceased alive on 8-4, 1952, and that death occurred at 7:50 P. M., from the causes and on the date stated above.

23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>8/14/52</u>	
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Aug 8/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood</u>	24D. LOCATION (City, town, or county) (State) <u>Balto</u>
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DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 6 - 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>William L. Linnell Home 2004 Orleans</u>	ADDRESS
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **7385**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**WILLIAM JOHNSON**

2. DATE  
OF

DEATH **August 3, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

**South Baltimore General Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

**Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1420 Ward Street**

Length of stay in Baltimore

**33 years**

5. SEX

**male**

6. COLOR OR RACE

**colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**5/4/1885**

9. AGE (In years last birthday)

**67**

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Watchman**

10B. KIND OF BUSINESS OR INDUSTRY

**Lumber yard**

11. BIRTHPLACE (State or foreign country)

**Bakersfield, California**

12. CITIZEN OF WHAT COUNTRY?

**U. S. A.**

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

**No**

16. SOCIAL SECURITY NO.

**220-12-7200**

17. INFORMANT

ADDRESS

**Florence Johnson, 1420 Ward Street**

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED  
**August 4, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**8/6/52**

24C. NAME OF CEMETERY OR CREMATORY

**Mt. Auburn Cemetery**

24D. LOCATION (City, town, or county)

**Baltimore, Maryland**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**AUG 6 - 1952**

*Huntington Williams, M.D.*

**Chas. G. Cooper, 512 Carrollton Avenue**

CERTIFICATE OF DEATH

1900-1901

*Handwritten signature*

B-650  
52 7386BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Robert Brown

2. DATE  
OF  
DEATH

August 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Bar Wil Bar Con. Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Balto.

D. STREET ADDRESS (If rural, give location)

2239 Brunt St.

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

10/31/1883

9. AGE (In years  
last birthday)

68

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

former laborer

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Brown

14. MOTHER'S MAIDEN NAME

Sarah ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Catherine Corona 2239 Brunt St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Hypertensive Heart

3 years.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH. BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15 1949 to 8-4 1952, that I last saw the  
deceased alive on 8-2 - 1952 and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 6 - 1952

Huntington Williams, M.D.

Geo. G. Kelson, 1303 Presstman St.

97099 Geo. G. Kelson

CERTIFICATE OF DEATH

10000

10000

10

10000

10000

10000

100

10000

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10000

10000

10000

10

10000

10000

10000

0-354  
52 7387BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

X 52 7387

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

John G. O'Donnell

2. DATE  
OF  
DEATH

8-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Agnes Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Howard  
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - Ellicott City

D. STREET ADDRESS (If rural, give location)

Frederick Pike 6300

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE (MARRIED)

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4-4-1917

9. AGE (In years;  
last birthday)

35

If Under 1 Year  
Months; DaysIf Under 24 Hours  
Hours; Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John

14. MOTHER'S MAIDEN NAME

Merling

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W. W. 2

16. SOCIAL  
SECURITY NO.

218-057298

17. INFORMANT

Wife

ADDRESS

Same

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Central Vascular Accident

DUE TO

Malignant Hypertension

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-4-1952 to 8-4-1952 that I last saw the  
deceased alive on 8-4-1952 and that death occurred at 10:55 AM from the causes and on the date stated above.

23A. SIGNATURE

George Allen

M. D.

23B. ADDRESS

St Agnes Hospital

23C. DATE SIGNED

8-4-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

8/7/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Frederick Rd.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Paul C. Schenck Jr. 3615-17

25. FUNERAL DIRECTOR

ADDRESS

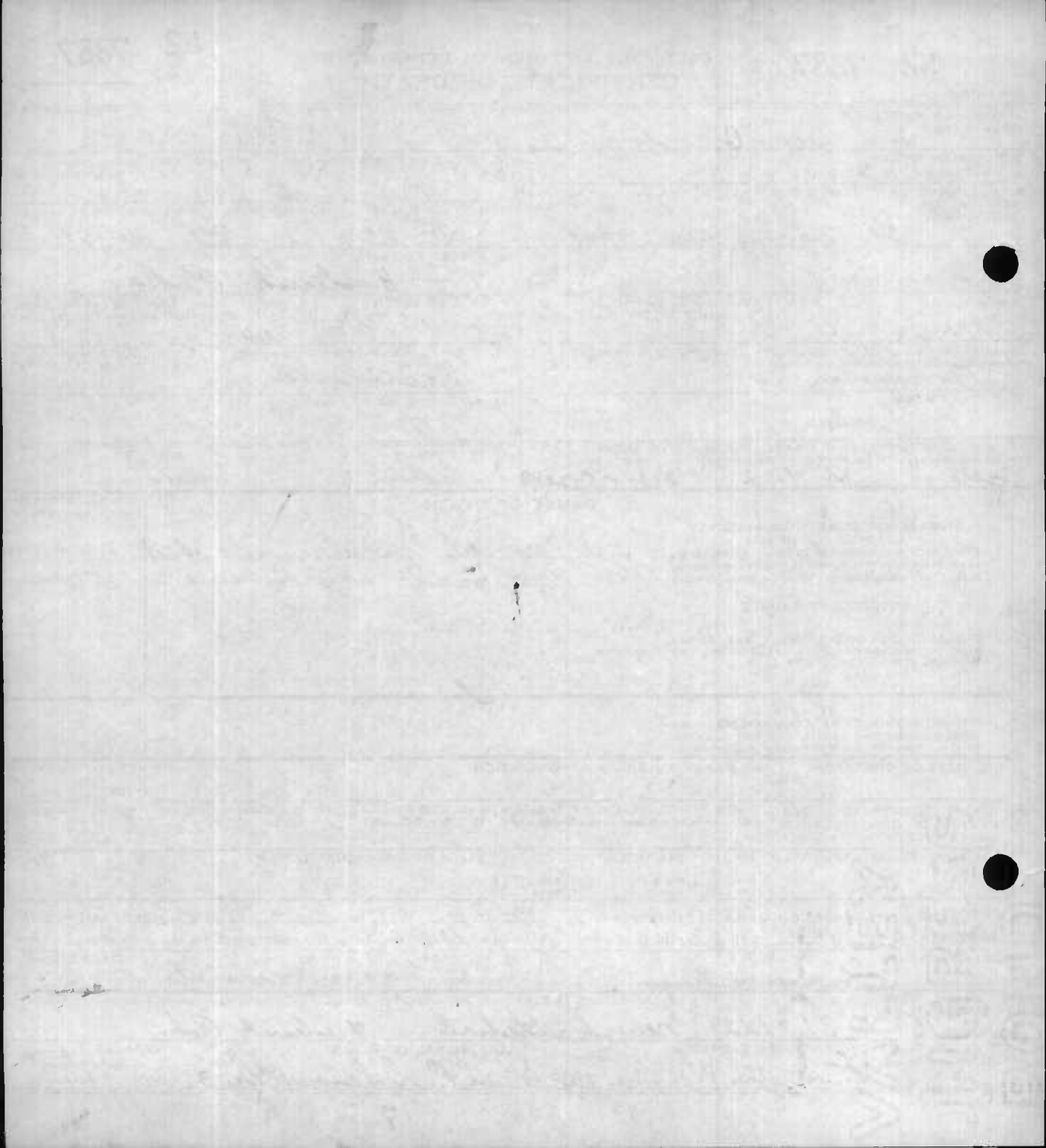
Libertine Ave.

UG 6-1952

VS 150

57840207300

MEDICAL CERTIFICATION



H-630

52 7388

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7388

1. NAME OF DECEASED (Type or Print) <u>Hardy, Mary</u>			2. DATE OF DEATH <u>August 3, 1952</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR <u>St. Joseph's</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>740 W. Mulberry St.</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>7/19/22</u>	9. AGE (In years last birthday) <u>30</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY <u>?</u>		
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>?</u>			14. MOTHER'S MAIDEN NAME <u>?</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>?</u>			ADDRESS		

18. <u>570.3</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Intestinal obstruction due to adhesions</u>	CAUSE OF DEATH (A) <u>Intestinal obstruction due to adhesions</u> DUE TO (B) <u>Adhesions</u> DUE TO (C) <u>Volvulus of ileum</u>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>August 1, 1952</u>	19B. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction due to adhesions, Volvulus of ileum</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1952, to August 3, 1952 that I last saw the deceased alive on Aug. 3, 1952 and that death occurred at 5:00pm., from the causes and on the date stated above.

23A. SIGNATURE <u>A. A. Alcega</u>	23B. ADDRESS <u>1100 N. Caroline St.</u>	23C. DATE SIGNED <u>August 3, 1952</u>
---------------------------------------	---	---

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>8/7/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Int. Anuburnment Westport</u>	24D. LOCATION (City, town, or county) (State) <u>Westport</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>5-8-1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, MD.</u>	25. FUNERAL DIRECTOR <u>A. Halstead - 918 - Grand Hill E.</u>	ADDRESS



453  
52 7389BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7389

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print)		Katherine T. Valentine		2. DATE OF DEATH August 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) 1120 N. Calvert St.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1120 N. Calvert Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH About 73 Yrs	9. AGE (in years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher		10B. KIND OF BUSINESS OR INDUSTRY Baltimore Schools		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME Francis Valentine				12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				14. MOTHER'S MAIDEN NAME Mary R. Pedosta	
16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS Mrs Pauline McCambridge 1226 S. Hanover St	

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Arterio sclerotic heart disease.		DUE TO		5 years	
ANTECEDENT CAUSES		(B) Hypertensive cardio vascular disease.		?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8/23/1947 to 8/5, 1952, that I last saw the deceased alive on 8/4/1952, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE Harry Deilee M. D.		23B. ADDRESS 1226 Hanover St.		23C. DATE SIGNED 8/6/52	
--------------------------------------	--	----------------------------------	--	----------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/8/52		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
---	--	---------------------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR AUG 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR H. H. McEachron & Son 805 N. Calvert St.		ADDRESS	
--	--	--	--	--	--	---------	--

107 S

THE UNIVERSITY OF CHICAGO  
LIBRARY

*[Faint, mostly illegible text from bleed-through, including fragments like "The University of Chicago", "Library", and "Chicago"]*

# CERTIFICATE CORRECTED

8-25-52

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

52

7390

BIRTH NO. 52-16620

1. NAME OF DECEASED (Type or Print) Henry Daniel Reilly, baby male

2. DATE OF DEATH 8/5/52

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 6433 Bleheim Rd. Baltimore

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore.

6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

7. SEX M. 8. COLOR OR RACE W. 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single.

10. DATE OF BIRTH 7/21/52. 11. AGE (In years last birthday) 5300. If Under 1 Year Months Days 15. If Under 24 Hours Hours Min.

12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None. 13. KIND OF BUSINESS OR INDUSTRY -

14. BIRTHPLACE (State or foreign country) Md. 15. CITIZEN OF WHAT COUNTRY?

16. FATHER'S NAME Joseph B. Reilly

17. MOTHER'S MAIDEN NAME Mary C. Price.

18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

19. SOCIAL SECURITY NO.

20. INFORMANT ADDRESS Hospital Records, Mercy Hospital

18. 776X

### CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity.

DUE TO

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

22E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

22F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21, 1952, to 8/5, 1952, that I last saw the deceased alive on 8/5, 1952, and that death occurred at 10:40pm., from the causes and on the date stated above.

23A. SIGNATURE [Signature] M. D.

23B. ADDRESS Mercy Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 8/8/52

24C. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery

24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 6 - 1952 Huntington Williams, MD. H. W. Williams & Son 805 N. Calvert St.

Bucenas

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7391**

**525**  
**2 7391**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>William Johnson</b>			2. DATE OF DEATH <b>8-4-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY <b>14-02</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>University Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balt.</b>		
C. Length of stay in Baltimore <b>37 yrs</b>			D. STREET ADDRESS (If rural, give location) <b>1532 Wilmer Court</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W.</b>	8. DATE OF BIRTH <b>Aug. 4, 1893</b>		9. AGE (In years last birthday) <b>59</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Jobber</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>For self</b>	11. BIRTHPLACE (State or foreign country) <b>Charleston S.C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>Unknown</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Willie Jones - 1212 Riggs Ave</b>		

18. <b>177X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <b>Acidosis and Dehydration</b>		<b>72 hrs.</b>	
DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <b>For advanced Nephrosclerosis</b>	<b>?</b>
		(C) <b>Acute Bacteriolytic arteriosclerosis</b>	<b>?</b>

**II**  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **Carcinoma of prostate with metastasis**

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8-4**, 19**52** to **8-4**, 19**52** that I last saw the deceased alive on **8-4**, 19**52**, and that death occurred at **8:40 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Joseph C. Fitzgerald</b> M. D.	23B. ADDRESS <b>University Hospital</b>	23C. DATE SIGNED <b>8-5-52</b>
---	--	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug 7-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Western Star Co</b>	24D. LOCATION (City, town, or county) (State) <b>Catonsville - Md</b>
--	--------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 6 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Samuel H. Sullivan Jr</b>	ADDRESS <b>2906A 1011 N. Huntington Ave.</b>
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MEDICAL CERTIFICATION

1965

52

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C. 20250

DATE: 10/15/65

TO: DIRECTOR, ARS

FROM: SECRETARY

SUBJECT: ARS-100-100

RE: ARS-100-100

1. ARS-100-100

2. ARS-100-100

3. ARS-100-100

4. ARS-100-100

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40. ARS-100-100

41. ARS-100-100

42. ARS-100-100

623  
52 7392

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7392

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Emma Horstman

2. DATE  
OF  
DEATH

Aug. 5th. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1852 N. Gay St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE 1852 N. Gay St.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

1852 N. Gay St.

C. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

Oct. 13, 1880

9. AGE (In years last birthday)

71

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Emil Hesse

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

--

(If yes, give war or dates of service)

--

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Chas. M. Arnold, Randallstown Md.

18. 493 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardiac Decompensation

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

arteriosclerosis

?

DUE TO

(C)

Hypertension

?

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5, 1952, to 8/5, 1952, that I last saw the deceased alive on 8/4, 1952, and that death occurred at 12:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 8/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

AUG 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Philip Henry Jones

ADDRESS

2024 Orleans St.

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

1072-1073 1997

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7393 Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) **LITTLE  
EMMA JONES**

2. DATE  
OF  
DEATH **8-3-52**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE **UNION MEMORIAL HOSPITAL**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **MD** B. COUNTY **BALTIMORE**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**YORK PARKTON**

D. STREET ADDRESS (If rural, give location)  
**YORK RD. 5300**

Length of stay in Baltimore **1** Yrs. Mos. Days

5. SEX **F** 6. COLOR OR RACE **W** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **W.**

8. DATE OF BIRTH **UNKNOWN** 9. AGE (in years last birthday) **75?** 10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**NONE**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
**MD**

12. CITIZEN OF WHAT COUNTRY?  
**USA**

13. FATHER'S NAME  
**WILLIAM HUTCHINS LITTLE**

14. MOTHER'S MAIDEN NAME  
**EMMA MAVS**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**L. SCOTT BROOKS SPARKS MD**

18. **570.5** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **ASPIRATION**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **INTESTINAL OBSTRUCTION**

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **August 2, 1952**, to **Aug 3, 1952**, that I last saw the deceased alive on **Aug 3, 1952**, and that death occurred at **8:25 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

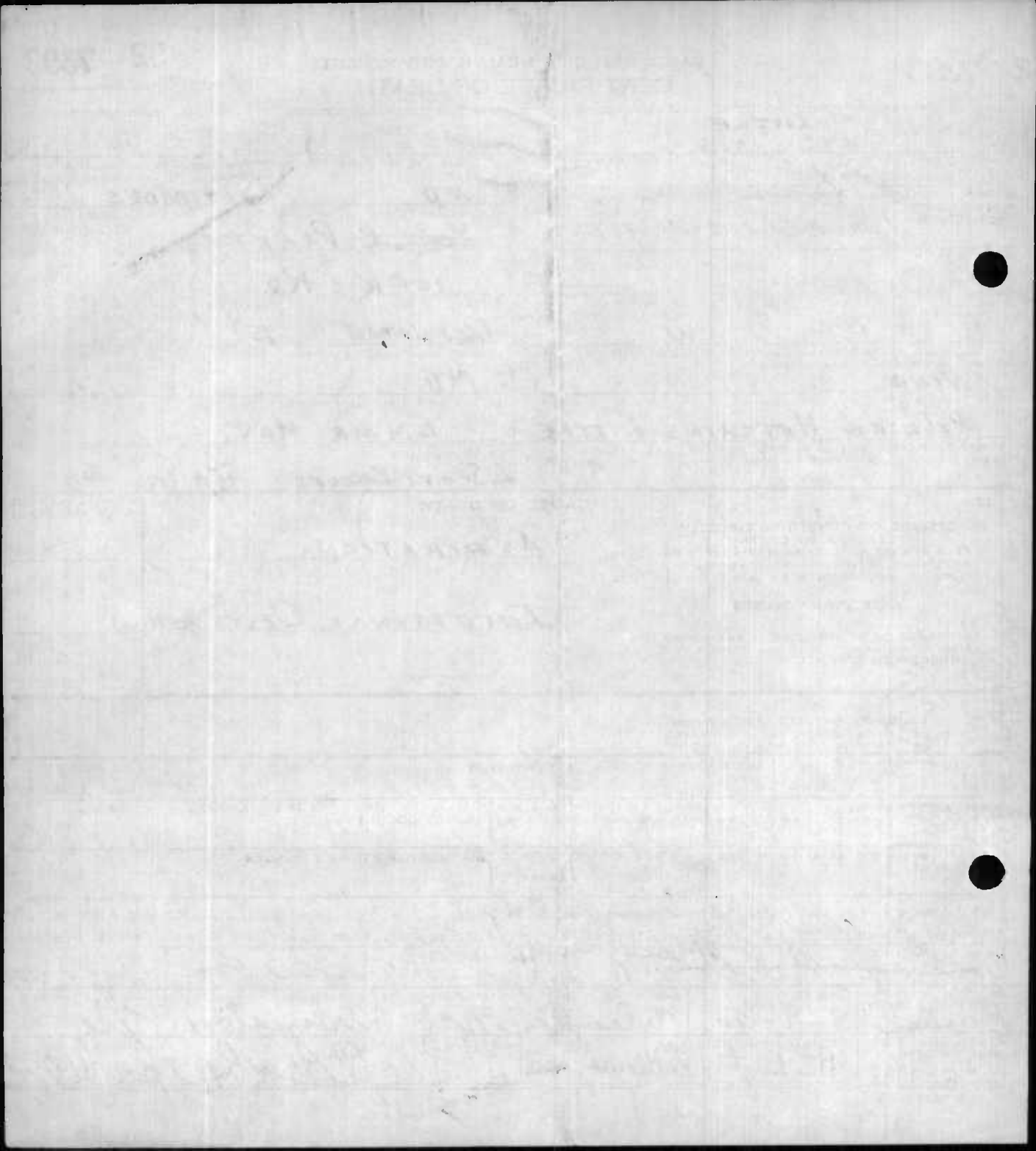
25. FUNERAL DIRECTOR

ADDRESS

**AUG 6 - 1952**

**Huntington Williams, MD**

**L. Scott Brooks, Sparks, Md**



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7394**

1. NAME OF DECEASED (Type or Print) <b>Jennie Creighton</b>			2. DATE OF DEATH <b>August 4, 1952</b>		
3. PLACE OF DEATH: a. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital 1400 N. Caroline St.</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto., Md.</b>		
c. Length of stay in Baltimore _____ Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <b>321 S. Gusryan St. #24</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>October 8, 1892</b>		9. AGE (in years last birthday) <b>59</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Stewart and Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore Co., Md.</b>
13. FATHER'S NAME <b>Grames Marks</b>			14. MOTHER'S MAIDEN NAME <b>Janet Hannah</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <b>Mary Walton</b>			ADDRESS <b>321 Gusryan St.</b>		

18. <b>153X</b> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Intestinal Obstruction</b> DUE TO _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B) Adhesions</b> DUE TO _____		
<b>(C) Carcinoma of Sigmoid</b> DUE TO _____		

**II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

19A. DATE OF OPERATION <b>July 31, 1952</b>		19B. MAJOR FINDINGS OF OPERATION <b>Intestinal Obstruction</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **July 19, 1952**, to **August 4, 1952**, that I last saw the deceased alive on **August 4, 1952**, and that death occurred at **12:00 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>J. O. Hall</b>		23B. ADDRESS M. D. <b>1400 N. Caroline St. #13</b>		23C. DATE SIGNED <b>August 4, 1952</b>	
-------------------------------------	--	---	--	---	--

24A. BURIAL (CREMATION, REMOVAL) (Specify) <b>Burial</b>		24B. DATE <b>August 8, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>7225 Eastern Ave Ba. Co., Md.</b>	
---	--	------------------------------------	--	--	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 6 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Charles S. Seiler</b>		ADDRESS <b>901 S. Conkling St.</b>	
---	--	---	--	--	--	---------------------------------------	--

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1. Name of deceased: \_\_\_\_\_

2. Sex: \_\_\_\_\_

3. Age: \_\_\_\_\_

4. Date of birth: \_\_\_\_\_

5. Place of birth: \_\_\_\_\_

6. Date of death: \_\_\_\_\_

7. Time of death: \_\_\_\_\_

8. Cause of death: \_\_\_\_\_

9. Place of death: \_\_\_\_\_

10. Signature of attending physician: \_\_\_\_\_

11. Signature of registrar: \_\_\_\_\_

12. Signature of informant: \_\_\_\_\_

13. Date of filing: \_\_\_\_\_

14. File number: \_\_\_\_\_

15. Remarks: \_\_\_\_\_

Thompson

M-500  
52 7395BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7395  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mooney, Frank Joseph, Sr.</b>			2. DATE OF DEATH <b>August 5, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>St. Joseph's Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore #2</b>		
D. Length of stay in Baltimore			O. STREET ADDRESS (If rural, give location) <b>1124 Wilcox Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Dec 5, 1896</b>	9. AGE (In years last birthday) <b>55</b>	10. Under 1 Year Months: <b>8</b> Days: <b>10</b> Hours: <b>01</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired police</b>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Frank Mooney</b>			14. MOTHER'S MAIDEN NAME <b>Margaret Murphy</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		
17. INFORMANT <b>Frank Mooney</b>			ADDRESS <b>1124 Wilcox St</b>		

18. <b>154X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of rectum with generalized metastases</b>	CAUSE OF DEATH (A) <b>Carcinoma of rectum with generalized metastases</b>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>9</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

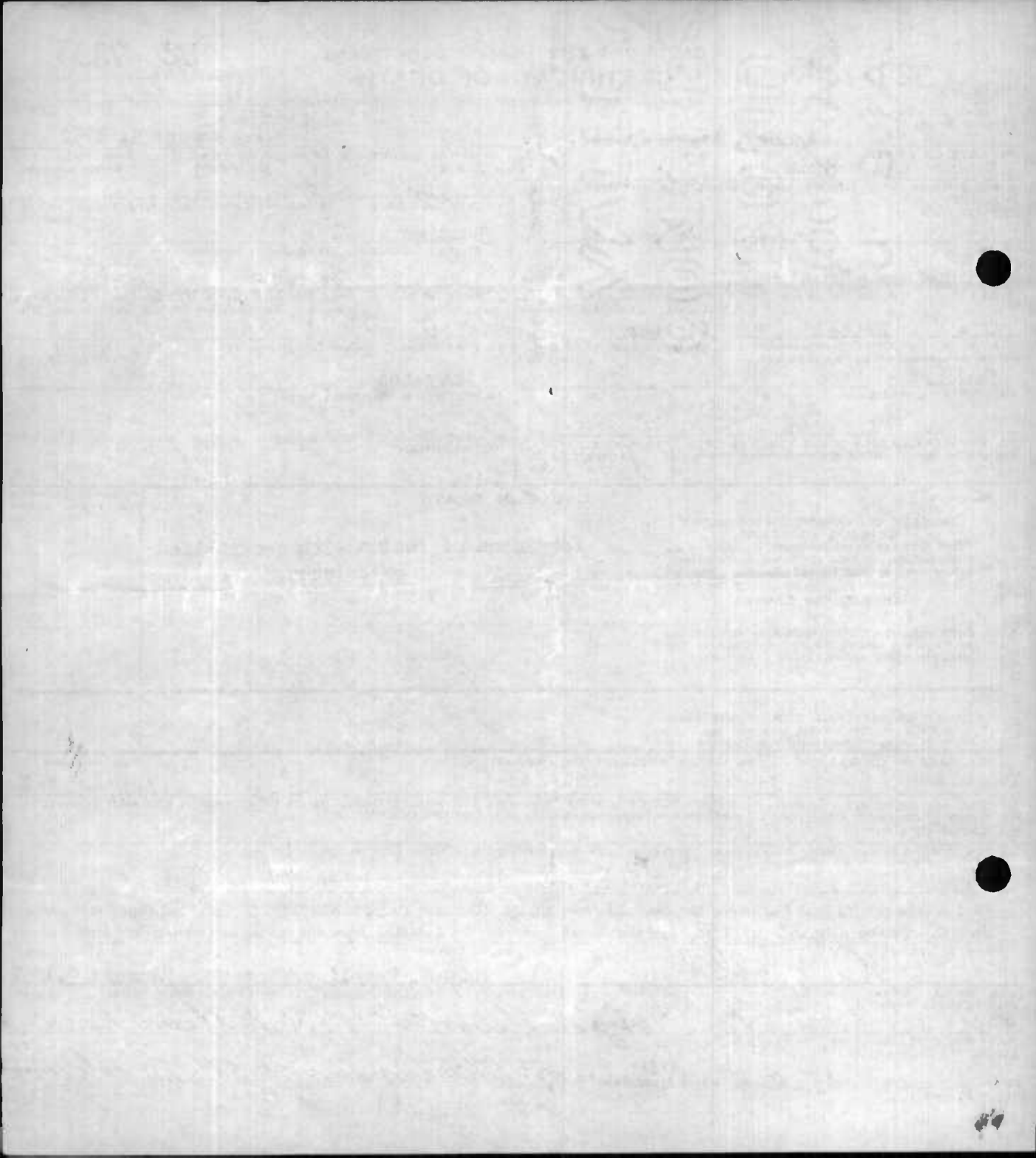
22. I hereby certify that I attended the deceased from **July 18**, 19**52** to **August 5**, 1952, that I last saw the deceased alive on **August 5, 1952** and that death occurred at **8:00 am.**, from the causes and on the date stated above.

23A. SIGNATURE <b>J. O. Neill</b>	23B. ADDRESS <b>1100 N. Caroline Street</b>	23C. DATE SIGNED <b>August 5, 1952</b>
--------------------------------------	--	---

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug 9</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	24D. LOCATION (City, town, or county) (State) <b>4430 Belair Road, Baltimore, Md</b>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Martinez</b>	ADDRESS <b>5020 Brookwood</b>

AUG 6 1952

773 93



y-520  
52 7396BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7396  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Edward F. Young</b>		2. DATE OF DEATH <b>Aug. 4, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>3913 Bonner Road</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>3913 Bonner Road</b>		15-09	
c. Length of stay in Baltimore <b>74--</b> Yrs. Mos. Days			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 1, 1877</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Meat Cutter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Daubs Market</b>	9. AGE (in years last birthday) <b>74</b>
11. BIRTHPLACE (State or foreign country) <b>Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Phillip T. Young</b>		14. MOTHER'S MAIDEN NAME <b>Amelia Fisher</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Frances T. Young</b>		ADDRESS <b>3913 Bonner Rd.</b>	

18. <b>443X</b>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Cerebral Hemorrhage</b> DUE TO <b>arteriosclerotic degeneration</b>	<b>1 wk</b> <b>2 hrs</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <b>muscular atrophy</b> DUE TO	<b>1 mo</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

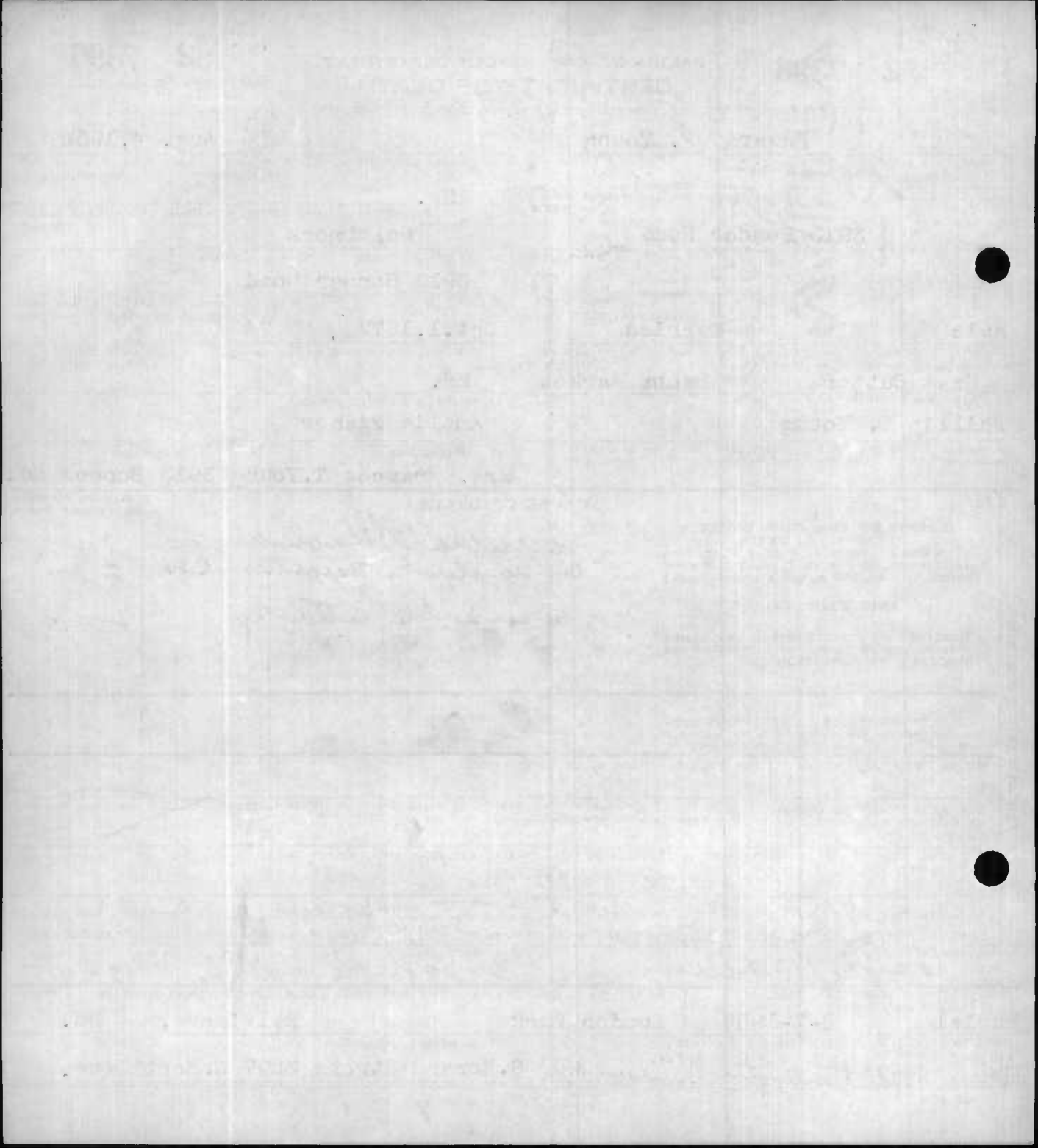
22. I hereby certify that I attended the deceased from **545** 1946 to **Aug 4**, 1952, that I last saw the deceased alive on **Aug 4**, 1952 and that death occurred at **545** p. m., from the causes and on the date stated above.

23A. SIGNATURE <b>Frank W. Keller</b>	23B. ADDRESS <b>3700 Park Heights</b>	23C. DATE SIGNED <b>Aug 5, 1952</b>
--	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>8-7-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 6 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, MD</b>	25. FUNERAL DIRECTOR ADDRESS <b>G. Howard Strong 3207 W. North Ave.,</b>	

VS 150

690 CA 7304



D-120

CERTIFICATE CORRECTED 8/14/52 ES

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

52 7397 Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Myrtle Davis

2. DATE  
OF  
DEATH

Aug 6 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

556 Roberts St

14-03

E. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

Female Negro

Widowed

6-12-11

41

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

Del.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Harry Caldwell

Leticia Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

002 X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

(A) Unilateral Tachycardia

5-10 min

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) Cardiac failure + dilatation

12 hrs.

DUE TO

(C) ? Military tuberculosis of heart

2 mo (?)

## II MILITARY TBC OF LUNGS &amp; ALL OTHER ORGANS

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Military + meningeal tuberculosis

(OVER)  
2 mo (?)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK

22. I hereby certify that I attended the deceased from Aug 2 1952 to Aug 6, 1952 that I last saw the deceased alive on Aug 6, 1952 and that death occurred at 8:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Richard W. Green M. D.

JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial  
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Lewie N. Gayneum

2012 Washington St.  
Cambridge, Md.

AUG 6 1952

MEDICAL CERTIFICATION

Certificate corrected from Communicable Disease Report Card (reported after death)  
#01006 from Dr. Richard N Peeler, JHH dated 8/6/52

535  
52 7398

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7398

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			ARTHUR LINTON			AUGUST 5, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
			A. STATE MARYLAND			B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHN'S HOPKINS			C. CITY OR TOWN BALTIMORE (6)			25-04		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 509 PATAPSCO AVE					
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 3, 1887	9. AGE (in years last birthday) 65	10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER			10B. KIND OF BUSINESS OR INDUSTRY BALTO. MARINE Ship Repair			11. BIRTHPLACE (State or foreign country) MARYLAND		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME UNKNOWN			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. 214-03-3521			17. INFORMANT ADDRESS LLOYD LINTON 219 TOWNSEND AVE.		
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY HEART DISEASE CAUSE OF DEATH DUE TO			INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June 10, 1950, to May 28, 1952, that I last saw the deceased alive on May 28, 1952, and that death occurred at 4 P. M., from the causes and on the date stated above.								
23A. SIGNATURE [Signature]			23B. ADDRESS 2036 Patapsco Ave			23C. DATE SIGNED 8/6/52		
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			24B. DATE 8/9/52			24C. NAME OF CEMETERY OR CREMATORY WESTERN		
24D. LOCATION (City, town, or county) (State) BALTO., MD.			24E. DATE RECEIVED BY LOCAL REGISTRAR AUG 7 - 1952			24F. REGISTRAR'S SIGNATURE Huntington Williams, MD.		
24G. FUNERAL DIRECTOR JOHN F. DENNY, INC.			24H. ADDRESS 715 LIGHT ST. BALTO., MD.					

MEDICAL CERTIFICATION

685307396

100

100

THE UNITED STATES OF AMERICA

DEPARTMENT OF THE ARMY

100

OFFICE OF THE ADJUTANT GENERAL

WASHINGTON, D. C.

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7399**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**NORA HARRIS**

2. DATE OF DEATH **August 6, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Baltimore City Morgue**

Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**208 E. 22nd Street**

5. SEX

**female**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**widowed**

8. DATE OF BIRTH

**5/20/1885**

9. AGE (in years last birthday)

**67**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**housewife**

10B. KIND OF BUSINESS OR INDUSTRY

**own home**

11. BIRTHPLACE (State or foreign country)

**Baltimore, Maryland**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**George F. Welch**

14. MOTHER'S MAIDEN NAME

**Estelle Eubank**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **E976x**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Gunshot wound of head**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
**home**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
**208 E. 22nd Street**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  
**Found August 6, 1952 A. m.**

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?  
**Firearms**

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

*[Signature]*

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED  
**August 6, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE  
**8-7-52**

24C. NAME OF CEMETERY OR CREMATORY  
**Parkwood**

24D. LOCATION (City, town, or county) (State)  
**Parkville, Maryland**

DATE RECEIVED BY LOCAL REGISTRAR

**AUG 7 - 1952**

REGISTRAR'S SIGNATURE

*[Signature]*

25. FUNERAL DIRECTOR

**Wm. Cook-1217 St. Paul St.**

ADDRESS

V S 151

**N803.4**

**19520**

✓

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 7400

500  
7400  
BIRTH NO. 52-18397

1. NAME OF DECEASED (Type or Print) <u>Baby Gine Oney</u>		2. DATE OF DEATH <u>August 4, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>11-01</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
D. STREET ADDRESS (If rural, give location) <u>909 N. Calvert St</u>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>8-4-52</u>
9. AGE (In years last birthday) <u>6</u>		10. UNDER 1 Year Months _____ Days _____	11. UNDER 24 Hours Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Lawrence? Oney</u>		14. MOTHER'S MAIDEN NAME <u>Geneva?</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS	

**CAUSE OF DEATH**

18. <u>776x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Prematurity</u> DUE TO ANTECEDENT CAUSES (B) _____ DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
---	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6:00 PM Aug 4, 1952 to 8:00 PM Aug 4, 1952, that I last saw the deceased alive on Aug 4, 1952 and that death occurred at 8:00 PM, from the causes and on the date stated above.

23A. SIGNATURE Heber B. Flynn M. D. 23B. ADDRESS JOHNS HOPKINS HOSPITAL 23C. DATE SIGNED 8/4/52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
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AUG 7 - 1952  
VS 150  
Hospital Proposal

MEDICAL CERTIFICATION

10017

STATE OF OHIO  
DEPARTMENT OF HEALTH

10017

*[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]*

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7401**

**530**  
**52 7401**

1. NAME OF DECEASED (Type or Print) <b>ANNA SCHMIDT</b>			2. DATE OF DEATH <b>Aug. 4, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2516 E. Baltimore St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>2516 E. Baltimore St.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 14, 1878</b>		9. AGE (In years last birthday) <b>74</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Teacher</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Balto. City Ret.</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore City</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13. FATHER'S NAME <b>Christian Schmidt</b>			14. MOTHER'S MAIDEN NAME <b>Emilie Toebeke</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT ADDRESS <b>Miss Lilly Schmidt-2516 E. Balto. St</b>		
18. <b>794X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Senility</b> DUE TO <b>Antecedent Causes</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-3-51</b> , 19__, to <b>8-4-52</b> , 19__, that I last saw the deceased alive on <b>Aug. 3</b> , 19 <b>52</b> , and that death occurred at <b>6:40 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Reginald R. Nowak</b>		23B. ADDRESS <b>408 S. Patt. Ph. Ave.</b>		23C. DATE SIGNED <b>Aug. 5, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>8/7/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore</b>	
24D. LOCATION (City, town or county) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>H. SANDER &amp; SONS, Inc</b> North & Broadway <b>8938V</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 7 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, MD</b>			

MEDICAL CERTIFICATION

1015 30

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

WASHINGTON, D. C.

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7402**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Dehashmutt, Charles T. (CHARLES T. De LASHMUTT)*

2. DATE  
OF  
DEATH

*8/6/52 (Wed.)*

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

*South Baltimore General Hospital*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore 30*

D. STREET ADDRESS (If rural, give location)

*1331 Webster Street*

C. Length of stay in Baltimore

*About 40 yrs.*

5. SEX

*Male*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*Single*

8. DATE OF BIRTH

*Sept. 7, 1893*

9. AGE (In years  
last birthday)

*58*

If Under 1 Year  
Months Days

If Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

*Invalid -*

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Baltimore Md.*

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

*George Dehashmutt*

14. MOTHER'S MAIDEN NAME

*Hallie E. Baumgardner*

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

*John G. Dehashmutt (Bro.)*

ADDRESS

*Same*

18. *331X and E 931.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) *Cerebral Vascular Accident*  
*thrombosis?*  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) *Arteriosclerotic Vascular*  
*Disease*  
DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

*Heat Stroke*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 23, 1952*, to *8-6-1952*, that I last saw the  
deceased alive on *8-6-1952*, and that death occurred at *7:16 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Junq-tsing Wong*

M. D.

23B. ADDRESS

*1213 Light Street*

23C. DATE SIGNED

*8-6-1952*

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

*Buried -*

24B. DATE

*Aug. 9, 1952*

24C. NAME OF CEMETERY OR CREMATORY

*Bel. Oliver Cem.*

24D. LOCATION (City, town, or county)

*Balto., Md.*

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

*Aug 7 - 1952*

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Q. Howard Evans - 14005.*

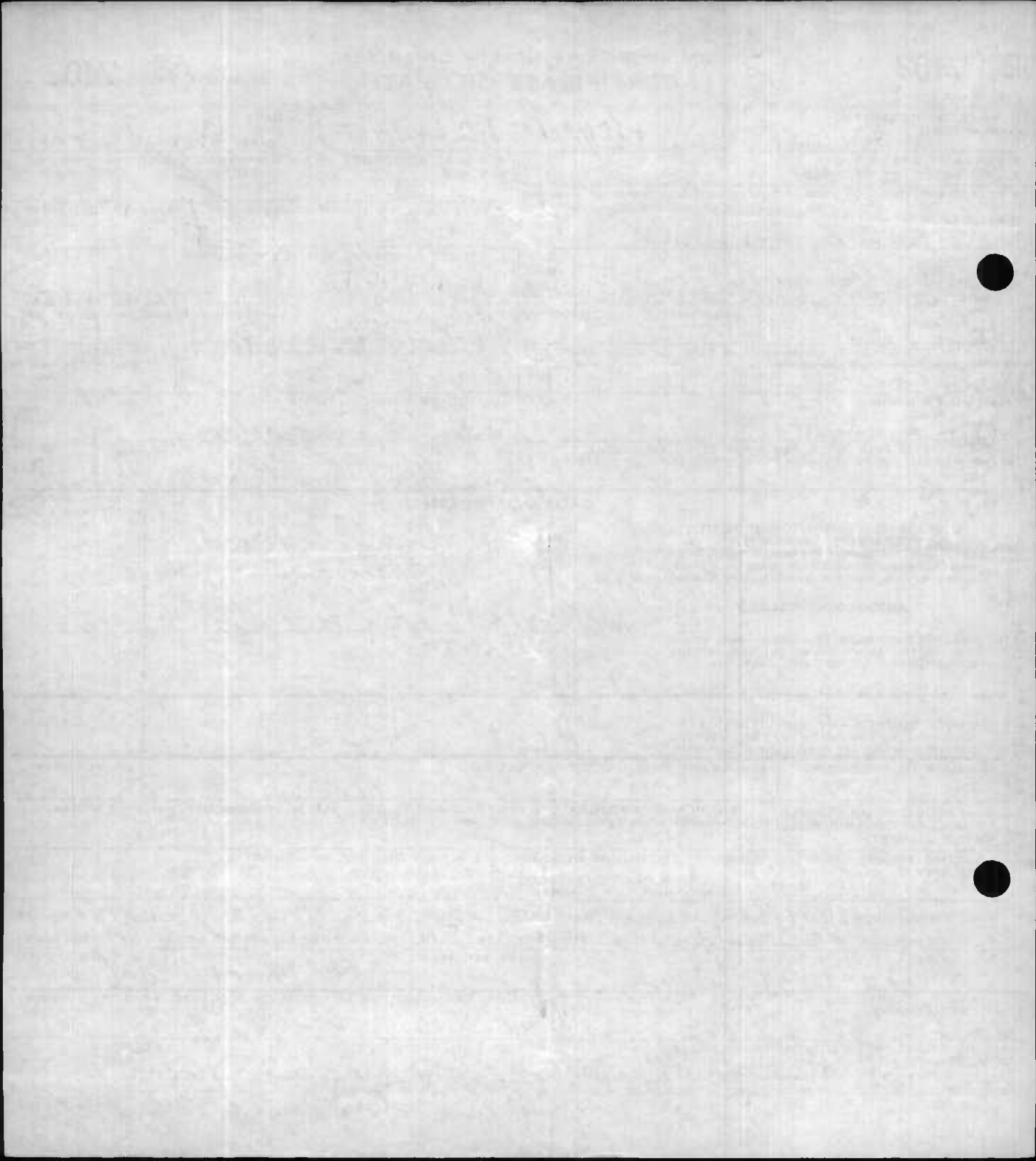
ADDRESS

*Charles St. - Balto. 30, Md.*

VS 150

*N-981.3*

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7403**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**AARON**

**WASHINGTON**

2. DATE  
OF  
DEATH

**August 4, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

**Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**University Hospital**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1 N. Paca Street**

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**Colored**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**1983**

9. AGE (In years  
last birthday)

**51 yrs.**

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

**Printer Night Clerk**

11. BIRTHPLACE (State or foreign country)

**unknown**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**unknown**

14. MOTHER'S MAIDEN NAME

**unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Betha S. S. 911 Calhoun**

18. **002X**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Far advanced pulmonary tuberculosis**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**William V. Roberts**

23B. CHIEF MEDICAL EXAMINER ☒

23C. DATE SIGNED

**Aug. 5, 1952**

M.D.

23D. MEDICAL INVESTIGATOR ☐

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

**Aug. 7/52**

24C. NAME OF CEMETERY OR CREMATORY

**mt cary**

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

**Interfaith Funeral Home Inc.**

MEDICAL CERTIFICATION



JP-200  
52 7404BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7404  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

VERNA RICKS

2. DATE  
OF  
DEATH August 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

Yrs.

Mos.

Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

125 N. Central Avenue 5-01

Length of stay in Baltimore

SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

12-9-1918

9. AGE (In years  
last birthday)

33

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

WAITRESS

10B. KIND OF BUSINESS OR  
INDUSTRY

TAVERN

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

JOHN GRAHAM

14. MOTHER'S MAIDEN NAME

MARTHA WEST

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

ABRAHAM RICKS 913 N. Wolfe St

18. 330X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Subarachnoid hemorrhage

DUE TO congenital anomaly of circle of Willis

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

August 6, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Removal 8-8-52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Kinston, N. C.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7405  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Rannie W. Sharp</i>		2. DATE OF DEATH <i>Aug. 4, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1410 W. Cullough St.</i>		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <i>Baltimore 14-02</i>	
c. Length of stay in Baltimore <i>40 years</i>		D. STREET ADDRESS (If rural give location) <i>1410 W. Cullough St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE/MARRIED, WIDOWED/DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Oct. 25, 1885</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	9. AGE (In years last birthday) <i>66</i>	11. BIRTHPLACE (State or foreign country) <i>Cockeysville, Md.</i>
13. FATHER'S NAME <i>Alfred Howard</i>	14. MOTHER'S MAIDEN NAME <i>Unknown</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Mrs. Victoria Sharp</i> <i>1410 W. Cullough St.</i>	

**CAUSE OF DEATH**

<p>13. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)           (A) <i>arteriosclerotic cardio-vascular-dural disease</i>          DUE TO</p> <p>ANTECEDENT CAUSES           DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.           (B) _____          DUE TO</p> <p>(C) _____</p>	<p>INTERVAL BETWEEN ONSET AND DEATH   <i>3 yrs.</i></p>
<p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *January, 1949*, to *August 4, 1952*, that I last saw the deceased alive on *Aug 4, 1952* and that death occurred at *6:59 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>James D. Carr</i>		23B. ADDRESS <i>1427 Madison Ave</i>		23C. DATE SIGNED <i>8.6.52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Aug. 8, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Law Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 7 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>1637 Medical Hill Ave.</i>

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## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

1B. 141X and E978X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Multiple fractures - Hip, pelvis, os calcis 3 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/29/52 to 8/5/52, that I last saw the deceased alive on 8/5/52, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 7 1952

N 809.0

To be signed by 55405? Pressman St

DEPARTMENT OF HEALTH  
OFFICE OF THE ATTORNEY GENERAL  
OFFICE OF THE CLERK OF THE SUPREME COURT

DEPARTMENT OF HEALTH  
OFFICE OF THE ATTORNEY GENERAL  
OFFICE OF THE CLERK OF THE SUPREME COURT

11-18-71

11-18-71

11-18-71

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**BENNIE SABATINO**

2. DATE  
OF  
DEATH

**August 6, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Mercy Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

**Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1416 N. Collington Avenue**

5. SEX

**male**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**Sept. 26, 1902**

9. AGE (In years last birthday)

**49**

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**See Business**

10B. KIND OF BUSINESS OR INDUSTRY

**Self**

11. BIRTHPLACE (State or foreign country)

**Balto. Md.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Mariano Sabatino**

14. MOTHER'S MAIDEN NAME

**Giulia Musotto**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Evelyn Sabatino - 1416 N. Collington Ave.**

18. **E823.4 and 322.2**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Drowning**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Alcoholism**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

**harbor**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**Pratt & Calvert St.**

21D. TIME (Month) (Day) (Year) (Hour)

**August 6, 1952 1:00 A. m.**

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

**Driving auto which swerved and went into harbor-drowned**

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**R. F. Fisher**

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

**August 6, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**8/9/52**

24C. NAME OF CEMETERY OR CREMATORY

**Balto. Cem.**

24D. LOCATION (City, town, or county)

**North Avenue - Balto Md**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams**

25. FUNERAL DIRECTOR

ADDRESS

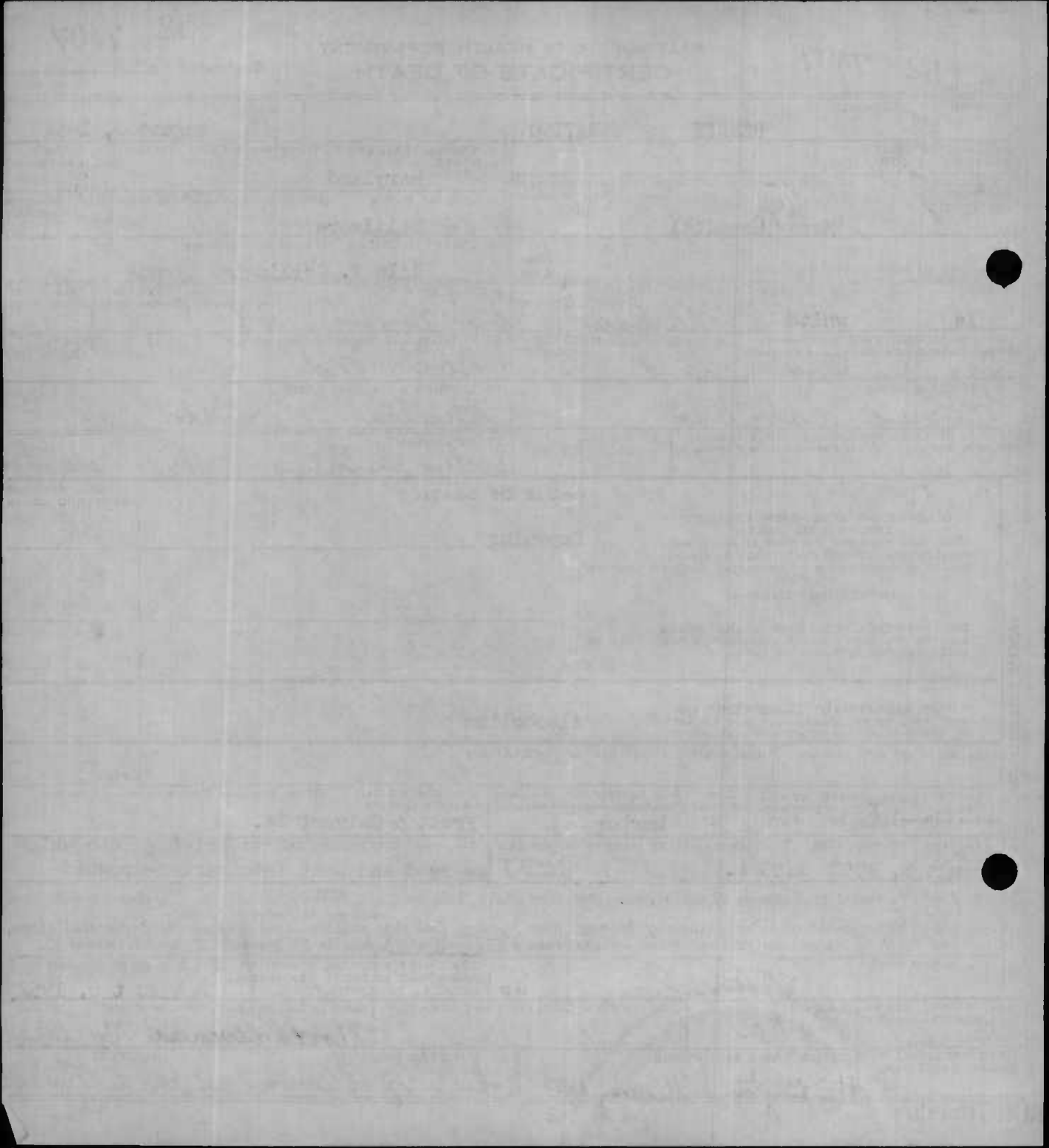
**John C. Miller Inc. - 2435 E. Olney St**

AUG 7 1952

N990X

29067

MEDICAL CERTIFICATION



120  
52 7408

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

52 7408

CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH- COUNTY <u>Baltimore City</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE _____ COUNTY _____	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Baltimore, Md. 22-01</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Windsor Rest Home,</u> <u>3025 Windsor Ave.</u>		STREET ADDRESS <u>111 W. Lee Street,</u>	
3. NAME OF DECEASED (Type or Print) <u>WILLIAM E COPSEY</u>		4. DATE OF DEATH Aug. 2nd 1952	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH <u>12-26-1871</u> 75 yrs.	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seaman</u>		9b. AGE last birthday Months Days Hours Mln.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seaman</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>St Marys Co</u>		12. CITIZEN COUNTRY <u>U.S.</u>	
13. FATHER'S NAME <u>James Levi Copsey</u>		14. MOTHER'S MAIDEN NAME <u>Zora Ann Work</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>James E. Copsey</u>			
18. MEDICAL CERTIFICATION			
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(a) Immediate cause <u>Arterio sclerotic heart disease</u>		4/5/50	
(b) Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last		?	
(c) General arterio sclerosis			
19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
1. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		HOW DID INJURY OCCUR?	
INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>			
21. I hereby certify that I attended the deceased from <u>Apr. 5 1950</u> , to <u>8/2/</u> , 1952, that I last saw the deceased alive on <u>7/31/</u> , 1952, and that death occurred at <u>3:10 P.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Harry Belle W.H.</u>		DATE SIGNED <u>8/2/52.</u>	
ADDRESS <u>1226 Hanover St.</u>			
22. BURIAL CREMATION REMOVAL (Specify)		23. NAME OF CEMETERY OR CREMATORY	
DATE THEREOF <u>8-5-52</u>		LOCATION (City, town, or county) (State) <u>Hughesville, Md.</u>	
24. REGISTRATION BY LOCAL REG. <u>8/4/52</u>		25. FUNERAL DIRECTOR ADDRESS <u>Huntington Williams, Jr.</u>	
AUG 7 - 1952			

RECEIVED

AUG 5 1962

BUREAU OF THE  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7409**

BIRTH NO. **7409**

1. NAME OF DECEASED (Type or Print) <b>EARL B. LEE</b>		2. DATE OF DEATH <b>August 3, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>750 W. Lexington St.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>OCT 21-1904</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>se</b>	9. AGE (in years last birthday) <b>48</b>
13. FATHER'S NAME <b>Henry Lee</b>		11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Louise Lee</b>	
		17. INFORMANT ADDRESS <b>Louise Lee 750 W Lexington St</b>	

18. <b>002X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>(A) Pulmonary tuberculosis</b> DUE TO <b>CAUSE OF DEATH</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B)</b> DUE TO <b>(C)</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Fatty liver</b>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <b>partial autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				

23A. SIGNATURE <b>[Signature]</b>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED <b>August 4, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>August 7, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 7 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington W. Williams</b>	25. FUNERAL DIRECTOR ADDRESS <b>Mrs. Kate B. Williams, Shrewsbury</b>

2015 52

THE UNITED STATES OF AMERICA  
DEPARTMENT OF COMMERCE

OFFICE OF THE SECRETARY

OFFICE OF THE SECRETARY

OFFICE OF THE SECRETARY

OFFICE OF THE SECRETARY

1 A 3

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7410**

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

**James Johnson**

2. DATE  
OF  
DEATH

**8-3-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Johns Hopkins Hospital**

Yrs.  
Mos.  
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

**Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

**18-01**

D. STREET ADDRESS (If rural, give location)

**829 Vine Street**

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Beatrice Johnson 829 Vine St**

18. **42211**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Arteriosclerotic Cardiovascular**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

**Disease**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐  
ASSISTANT MEDICAL EXAMINER.....☐  
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**AUG 7 - 1952**

**Huntington Williams, M.D.**

**Mrs. Kate R. Williams**

**Schweitzer St.**

8-3-25

James Johnson

John H. Johnson

John H. Johnson

James

Johnson

John H. Johnson

1910

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7411  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**EUGENE GRAHAM**

2. DATE  
OF  
DEATH

**August 5, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Provident Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1105 W. Lexington St.**

5. SEX

**male**

6. COLOR OR RACE

**colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**married**

8. DATE OF BIRTH

**Sept. 19, 1885**

9. AGE (In years last birthday)

**66**

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Night watchman-retired**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Kingston, British West Indies**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Richard Graham**

14. MOTHER'S MAIDEN NAME

**Mary Ann**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **443X**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*B. Fisher*

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED  
**August 6, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**8/9/52**

24C. NAME OF CEMETERY OR CREMATORY

**in Auburn**

24D. LOCATION (City, town, or county)

**Balto Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

**AUG 7 - 1952**

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Harvey Cooper 512*

ADDRESS

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UNITED STATES OF AMERICA

DEPARTMENT OF HEALTH

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7412

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EMMA CROWDY

2. DATE  
OF  
DEATH

8/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or  
location)

HOSPITAL OR INSTITUTION 1226 ARGYLE AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1226 ARGYLE AVE

C. Length of stay in Baltimore

70YRS.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

9/12/1868

9. AGE (in years  
last birthday)

83

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

BELAIR, MD.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JACOB FOREMAN

14. MOTHER'S MAIDEN NAME

ANNIE ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

NO

(If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

MRS. LOUISE CRAIG 1226 ARGYLE AV.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

myocardial failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerotic cardio-vascular disease ?

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6-1952 to 8-4-1952, that I last saw the  
deceased alive on 7-30-1952 and that death occurred at 8:10AM from the causes and on the date stated above.

23A. SIGNATURE

Thomas W. Harris

M. D.

23B. ADDRESS

1824 W. Franklin St

23C. DATE SIGNED

8-7-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

8/7/52

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEMETERY

24D. LOCATION (City, town, or county)

BALTIMORE, MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

CHAS. G. COOPER-512 CARROLLTON AVE

Charles G. Cooper

MEDICAL CERTIFICATION

1

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 7413

BIRTH NO. 52 7413

1. NAME OF DECEASED (Type or Print) <b>THEOLA NELSON WILLIAMS</b>			2. DATE OF DEATH <b>8/4/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>4202</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>797 W, SARATOGA ST</b>			C. CITY OR TOWN (If outside corporate limits, give township) <b>BALTIMORE</b>		
C. Length of stay in Baltimore <b>LIFE</b>			D. STREET ADDRESS (If rural, give location) <b>797W. SARATOGA STREET</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10/15/1917</b>	9. AGE (in years last birthday) <b>34</b>	If Under 1 Year: Months: Days; If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC</b>		
11. BIRTHPLACE (State or foreign country) <b>BALTIMORE</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>CLARENCE WYCOFF</b>			14. MOTHER'S MAIDEN NAME <b>BESSIE NELSON</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO NO</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>JAS. B. WILLIAMS(H)</b>			ADDRESS <b>797 SARATOGA ST</b>		

18. <b>581.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CIRRHOSIS of LIVER</b> DUE TO <b>BRONCHO PNEUMONIA</b> DUE TO <b>4 DAYS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 Mo's?</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) ..... (B) ..... (C) .....		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from JULY 5, 1952, to AUG 4, 1952, that I last saw the deceased alive on AUG 4, 1952, and that death occurred at 9.30Pm., from the causes and on the date stated above.

23A. SIGNATURE <i>William Frey</i>		23B. ADDRESS <i>1928 Penna Ave</i>		23C. DATE SIGNED <i>8/6/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>8/8/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>BALTO. NAT'L. CEMETERY BALTO. MD.</b>	
24D. LOCATION (City, town, or county) (State) <b>BALTO. MD.</b>		25. FUNERAL DIRECTOR <b>CHARLES G. COOPER-512 CARROLLTON AV.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 7-1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			

4

RECEIVED  
MAY 10 1951

TO THE DIRECTOR  
OF THE  
BUREAU OF  
THE  
ARMY  
OF THE  
UNITED STATES  
OF AMERICA  
WASHINGTON, D. C.  
FROM THE  
OFFICE OF THE  
CHIEF OF  
THE  
BUREAU OF  
THE  
ARMY  
OF THE  
UNITED STATES  
OF AMERICA  
WASHINGTON, D. C.  
SUBJECT: [Illegible]  
REFERENCE: [Illegible]  
1. [Illegible]  
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99. [Illegible]  
100. [Illegible]

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7414**

BIRTH NO. **52 7414**

1. NAME OF DECEASED (Type or Print) <b>SARAH BAKER</b>		2. DATE OF DEATH <b>8/6/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>SINAI HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>2702 Glenale Rd 5300</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>6-25-1889</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		9. AGE (in years last birthday) <b>63</b>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Balto Md</b>	
13. FATHER'S NAME <b>Salome Marsh</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME <b>Sarah Killman</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Harry E Baker - 2702 Glenale Rd</b>	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>coronary artery disease</b> DUE TO <b>AND</b> <b>arteriosclerotic cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>8/6/52</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8/6</b> , 19 <b>52</b> , to <b>8/6</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>8/6</b> , 19 <b>52</b> and that death occurred at <b>2:45</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Richard Arnold Snider</b>		23B. ADDRESS <b>714 N. Broadway #5</b>		23C. DATE SIGNED <b>8/6/52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24B. DATE <b>8-9-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore</b>		24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 7 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>J. Ruck + Sons</b>		ADDRESS <b>5305 Harford Rd</b>	

11/15/55

11/15/55

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11/15/55

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7415  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>FREDERICK WILLIAM WOLTERS</b>		2. DATE OF DEATH <b>August 6, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>27-11</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>4627 Kernwood Avenue</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 31, 1891</b>
9. AGE (In years last birthday) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>	11. BIRTHPLACE (State or foreign country) <b>N. Y.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>William F. Wolters</b>	
14. MOTHER'S MAIDEN NAME <b>Wilhelmina ?</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>216-18-6957</b>		17. INFORMANT <b>Mrs. Elizabeth M. Wolters</b>	
ADDRESS <b>Above</b>			

18. **422.1** I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**Arteriosclerotic cardiovascular disease**  
DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William J. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Aug. 7, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>8/9/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge Cem.</b>	
24D. LOCATION (City, town, or county) <b>Pikesville, Md.</b>					

DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 7 - 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Wm. J. [Signature]</i>	
VS 151				ADDRESS <i>Bell's md</i>	



252  
52 7416BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7416

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

(Jack) Higgins

2. DATE  
OF  
DEATH

8-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md B. COUNTY BaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BaltimoreD. STREET ADDRESS (If rural, give location)  
6200

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 31/1898

9. AGE (In years  
last birthday)

53

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR  
INDUSTRY

Government Employee

11. BIRTHPLACE (State or foreign country)

ENGLAND N.C.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

I M Higgins

14. MOTHER'S MAIDEN NAME

ETTA M BLIVINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

217-14-2874

17. INFORMANT

JEAN P HIGGINS

ADDRESS

BAL AIR MD

18. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hemorrhage - right, hemoperitoneum

5 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Chronic lymphoid leukemia

3 years

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1, 1952 to 8-6, 1952, that I last saw the  
deceased alive on 8-6, 1952, and that death occurred at 2 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Donald A. Waller

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

8-6-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug 5/52

24C. NAME OF CEMETERY OR CREMATORY

Bel Air Memorial

24D. LOCATION (City, town, or county)

Bel Air Harford Co Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jos T. Inter Baltimore Md

ADDRESS

AUG 7 - 1952



514  
52 7417

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7417  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Catherine Campbell</i>		2. DATE OF DEATH <i>Aug. 5, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>13-03</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2430 Hoodbrook Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>36 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>2430 Hoodbrook Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>May 6, 1875</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	9. AGE (In years last birthday) <i>77</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Richmond, Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>Miss. Adelaide</i>	
		17. INFORMANT <i>2430 Hoodbrook Ave.</i>	

18. <i>592X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Renemia</i> DUE TO (B) <i>Chronic Glomerulonephritis</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>?</i> <i>?</i>
---	--	--	--

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug 1, 1952* to *Aug 5, 1952*, that I last saw the deceased alive on *Aug 5, 1952* and that death occurred at *10:55* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Glennford A. Munster</i> M. D.	23B. ADDRESS <i>2309 Druid Hill Ave.</i>	23C. DATE SIGNED <i>8-6-52</i>
--	---	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Aug. 9, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 7 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD.</i>	25. FUNERAL DIRECTOR <i>Funeral Home</i> <i>16031 Druid Hill Ave.</i>

VIAT 8

RECEIVED BY THE DIRECTOR

VIAT 8-17-1953

VIAT 8-17-1953

420  
52 7418

WELSH  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7418

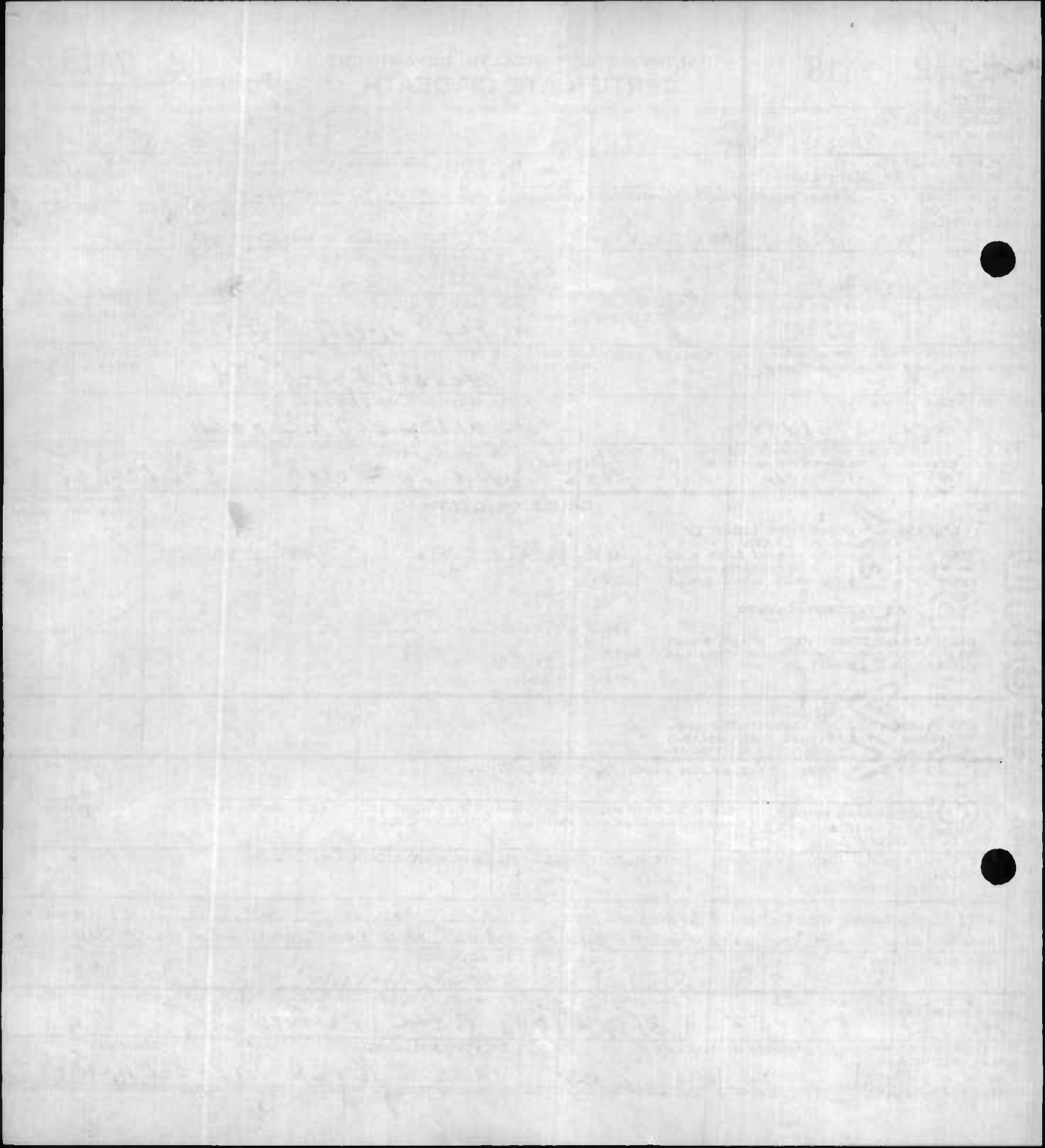
BIRTH NO. <i>Philomena</i>			1. NAME OF DECEASED (Type or Print) <i>Philomena Welsh</i>			2. DATE OF DEATH <i>8/7/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MO.</i> B. COUNTY <i>Allegany</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Westernport</i>					
C. Length of stay in Baltimore <i>3 1/2</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>220 Rock St.</i>			<i>5140</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Sept 21-1951</i>		9. AGE (In years last birthday) <i>20</i>		If Under 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Westernport Md</i>		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME <i>Harry Welsh</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Beach</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Harry Welsh</i>		ADDRESS <i>270 Rock St</i>			

18. <i>342X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Intracerebral abscess</i>		DUE TO			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *8/4*, 1952, to *8/7*, 1952, that I last saw the deceased alive on *8/7*, 1952, and that death occurred at *11:45* a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>David S. R-Taxdal M.D.</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>8/7/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>8-11-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St Peters Cem</i>	24D. LOCATION (City, town, or county) (State) <i>Westernport Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 7-1952</i>		REGISTRAR'S SIGNATURE <i>William W. Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>John A Moran</i> ADDRESS <i>3000 E BALTO ST</i>	



620  
52 7419BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7419

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>CROUSE, William MONROE</b>			2. DATE OF DEATH <b>Aug 7, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balt.</b>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Harford</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Church Home + Hosp.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Forest Hill</b>		
5. LENGTH OF STAY IN BALTIMORE <b>28</b> Yrs. <input type="checkbox"/> Mos. <input type="checkbox"/> Days			D. STREET ADDRESS (If rural, give location) <b>Forest Hill 6200</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>Jan 12 1884</b>	9. AGE (In years last birthday) <b>68</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>N. Carolina</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>CROUSE, Charles</b>		
14. MOTHER'S MAIDEN NAME <b>?</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. <b>—</b>			17. INFORMANT <b>Son</b> ADDRESS <b>Forest Hill Md</b>		

18. <b>332X I</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <b>Cerebral thrombosis</b>	<b>8 days</b>
ANTECEDENT CAUSES	(B) <b>arteriosclerosis</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <b>—</b>	

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>July 31, 1952</b> to <b>Aug 7, 1952</b> , that I last saw the deceased alive on <b>Aug 7, 1952</b> and that death occurred at <b>4:05 pm.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>William H. Brown</b>	23B. ADDRESS <b>Church Home Hosp</b>	23C. DATE SIGNED <b>Aug 7 52</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>Aug 11, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Chestnut Hill</b>	24D. LOCATION (City, town, or county) (State) <b>RFD, Forest Hill, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 8 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Jos S. Foster</b>	ADDRESS <b>BELAIR, MD.</b>

5088007416



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7420**

BIRTH NO. **52 7420**

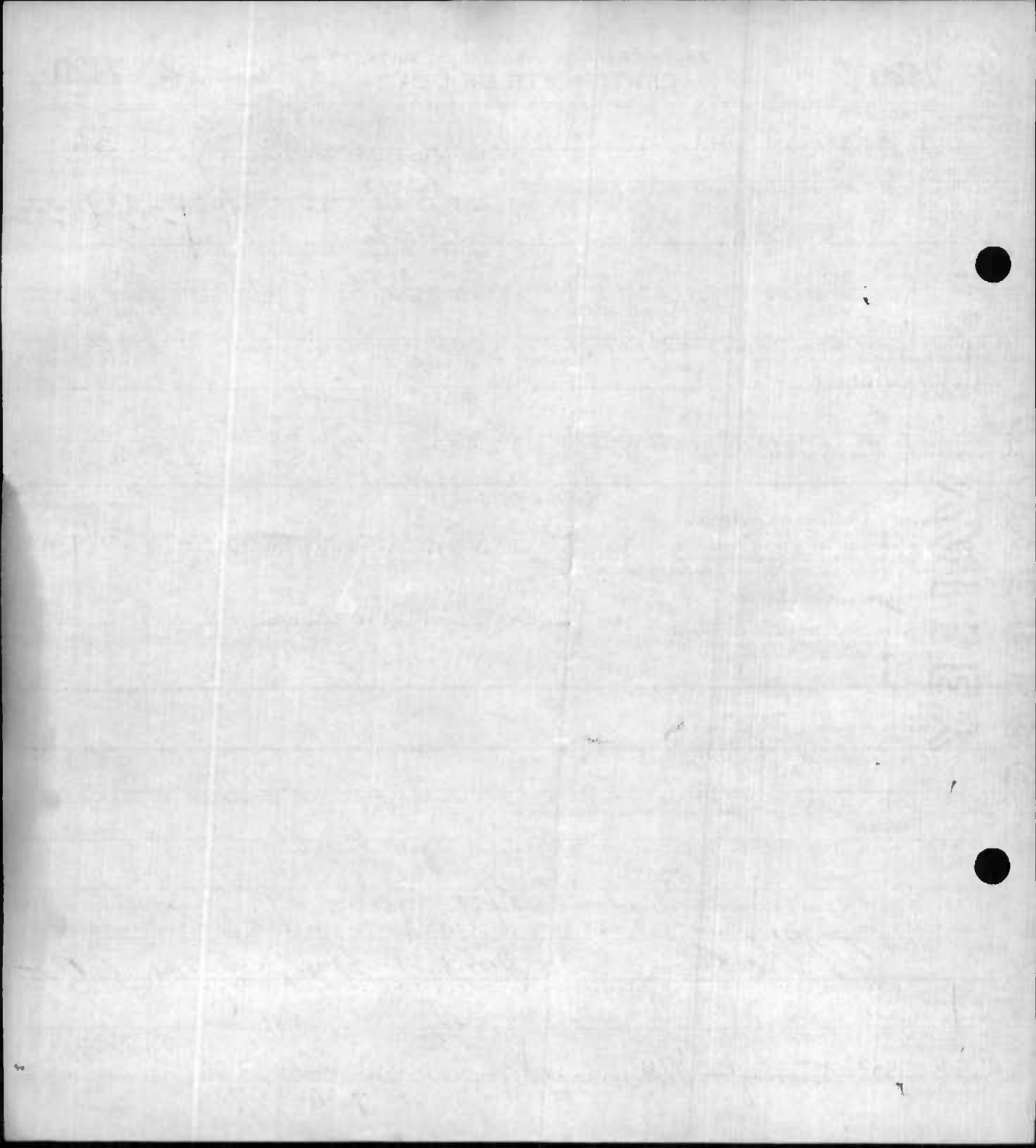
1. NAME OF DECEASED (Type or Print) <b>Samuel Robert McClelland</b>			2. DATE OF DEATH <b>8-7-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Ba</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hosp.</b>			C. CITY OR TOWN <b>Ba</b> (If outside corporate limits, write RURAL and give township)		
C. Length of stay in Baltimore <b>1</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>504 W. Preston St</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>Cl.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH	9. AGE (In years last birthday) <b>18 yrs</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (State or foreign country) <b>N.C.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Robert</b>		14. MOTHER'S MAIDEN NAME <b>Ressie McClelland</b>		17. INFORMANT ADDRESS <b>504 W. Preston St</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>504 W. Preston St</b>	

18. <b>522X</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) <b>Pulmonary Hemorrhage</b>	<b>3 1/4 hrs</b>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <b>Bilateral Pneumonitis</b>	
		(C) <b>Pulmonary Edema</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>8/7/52</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8/7/1952</b> to <b>8/7/1952</b> that I last saw the deceased alive on <b>8/7/1952</b> and that death occurred at <b>5:45 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>Provident Hosp. Baltimore Md.</b>		23C. DATE SIGNED <b>8/8/52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>Aug 7-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Laurinberg</b>		24D. LOCATION (City, town, or county) (State) <b>N.C.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 8 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>James A. Hayes</b>		ADDRESS <b>638 N. 9th St</b>	

MEDICAL CERTIFICATION



560  
52 7421

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7421  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mrs Margaret Seymour</i>			2. DATE OF DEATH <i>August 6 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1719 Bolton St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 14-01</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1719 Bolton St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept 2nd 1877</i>		9. AGE (In years last birthday) <i>74</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Wm Brookhart</i>			
14. MOTHER'S MAIDEN NAME <i>Margaret Bates</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Chas. E. Smith 3555 E. 4th St. Phila. Pa.</i>			

18. <i>420.1</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>3 wks</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Myocardial Infarction</i>	?
DUE TO		(B) <i>Coronary Art. Dis</i>	
DUE TO		(C) <i>Arteriosclerotic C. V. Dis</i>	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 24, 1952</i> , to <i>Aug 6, 1952</i> , that I last saw the deceased alive on <i>Aug 5, 1952</i> and that death occurred at <i>7:40 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Doctor A. Hall</i>		23B. ADDRESS <i>1039 St. Paul St</i>		23C. DATE SIGNED <i>Aug 6 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8/11/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Co. Md.</i>		25. FUNERAL DIRECTOR <i>Wm Cook Inc. 247 St. Paul St.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 8 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington W. ...</i>			

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7422**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>CARROLL BATTAN</b>		2. DATE OF DEATH <b>August 5, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>6409 Eastbourne Ave.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1903</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Roofer</b>		9. AGE (In years last birthday) <b>49</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Phillips Roofing Co</b>		11. BIRTHPLACE (State or foreign country) <b>Clarksburg, W. Va.</b>	
13. FATHER'S NAME <b>John Batten</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		14. MOTHER'S MAIDEN NAME <b>Ella Hooper</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. <b>420.1 and 322.2</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Myocardial infarction</b> DUE TO <b>coronary artery sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Alcoholism</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					

23A. SIGNATURE <i>R. F. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>August 6, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>8/9/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>St. Peters</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 8 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
VS 151		25. FUNERAL DIRECTOR <i>W. Cook</i>		ADDRESS <i>1217 St. Paul St.</i>	

MEDICAL CERTIFICATION

25-1155

STATE OF NEW YORK  
DEPARTMENT OF HEALTH

Office of the  
State Health Officer

Albany

January 1, 1915

Dear Sir:

Very Respectfully,  
J. H. H. H.

Yours  
Sincerely,  
J. H. H. H.

Enclosed

will  
be  
found

the

check for \$100.00

for the year 1914

and

the same

is being

sent

to you

by

the State

of New York

and the same

is being  
sent to you  
by the State  
of New York

Very  
Respectfully,  
J. H. H. H.

Yours  
Sincerely,  
J. H. H. H.

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Yours  
Sincerely,  
J. H. H. H.

Very  
Respectfully,  
J. H. H. H.

Yours  
Sincerely,  
J. H. H. H.

Very  
Respectfully,  
J. H. H. H.

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Respectfully,  
J. H. H. H.

Very  
Respectfully,  
J. H. H. H.

Very  
Respectfully,  
J. H. H. H.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7423**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Julia P. Johnson</b>			2. DATE OF DEATH <b>Aug. 6, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>3213 Chesley Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>27-05</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>3213 Chesley Ave.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 31, 1890</b>		9. AGE (in years last birthday) <b>62</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (State or foreign country) <b>Middle River, Minn.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Tollef Skramstad</b>			14. MOTHER'S MAIDEN NAME <b>Martha (Unknown)</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mrs Ellen Sandbek, 3213 Chesley Ave.</b>		

18. <b>175X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  <b>Abdominal Carcinomatosis 17 mos.</b>	CAUSE OF DEATH (A) <b>Abdominal Carcinomatosis 17 mos.</b> DUE TO
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <b>Carcinoma of ovary 17 mos.</b> DUE TO
(C) _____	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept. 27, 1951** to **Aug. 6, 1952** that I last saw the deceased alive on **July 31, 1952** and that death occurred at **7 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>C. Bernard Brack</b>	23B. ADDRESS <b>11 E. Chase St.</b>	23C. DATE SIGNED <b>Aug. 7, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>8/9/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood</b>
24D. LOCATION (City, town, or county) <b>Parkville, Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Huntington Williams, 1214 St Paul St</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 8 - 1952</b>		

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 52 7424

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LEON

WILLIAM

MROZINSKI

2. DATE  
OF  
DEATH

August 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Baltimore City Hospitals

Yrs.  
Mos.  
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Unknown

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 2, 1902

9. AGE (In years  
last birthday)

50

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR  
INDUSTRY

House painter

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Michael Mrozinski

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

WW 2

WW 2

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Clara E. Mrozinski, 515 S. Patterson

Park Ave.

18. 580X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Acute hepatitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., In or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....

August 7, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

8/11/52

National

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 8 - 1952

VS 151



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CERTIFICATE CORRECTED 8-8-52

VNC-161177  
52 7425  
BIRTH NO. 7425BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7425

1. NAME OF DECEASED (Type or Print) <b>Susie Lagy</b>		2. DATE OF DEATH <b>8-7-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>life</b>		D. STREET ADDRESS (If rural, give location) <b>1042 Greenmount Ave.</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 31, 1883</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>69</b> <b>68</b>
13. FATHER'S NAME <b>Wm. B. Whittimore</b>		14. MOTHER'S MAIDEN NAME <b>Catherine Richards</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY?
17. INFORMANT <b>Records: B. C. H.</b>		ADDRESS <b>4940 Eastern Ave.</b>	

18. <b>260X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Diabetic Gangrene of the Right foot</b>	CAUSE OF DEATH <b>Diabetic Gangrene of the Right foot</b>	INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>July 23, 1952</b>	19B. MAJOR FINDINGS OF OPERATION <b>Diabetic Gangrene</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-18-**, 19**52** to **8-7-**, 19**52**, that I last saw the deceased alive on **8-7-**, 19**52**, and that death occurred at **10:30A.**, from the causes and on the date stated above.

23A. SIGNATURE **G. L. Elzen** M. D. 23B. ADDRESS **4940 Eastern Ave.** 23C. DATE SIGNED **8-7-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Funeral** 24B. DATE **8/11/52** 24C. NAME OF CEMETERY OR CREMATORY **Baltimore** 24D. LOCATION (City, town, or county) (State) **Baltimore Md**

DATE RECEIVED BY LOCAL REGISTRAR **AUG 8 - 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **1217 St Paul St** ADDRESS

UNITED STATES OF AMERICA

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7426  
Registered No.

152  
7426  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Marion Spencer</b>			2. DATE OF DEATH <b>8-6-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Anne Arundel</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Glen Burnie</b>		
5. SEX <b>F</b>			6. COLOR OR RACE <b>N</b>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>			8. DATE OF BIRTH <b>Feb. 21, 1926</b>		
9. AGE (in years last birthday) <b>26</b>			10. CITIZEN OF WHAT COUNTRY? <b>Maryland</b>		
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>			12. CITIZEN OF WHAT COUNTRY? <b>Maryland</b>		
13. FATHER'S NAME <b>Samuel Spencer</b>			14. MOTHER'S MAIDEN NAME <b>Ada Henson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Records: B. C. H. 4940 Eastern Ave.</b>			ADDRESS		

18. <b>010X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Tuberculosis Meningitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>
DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>7</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-23-**, 19 **52** to **8-6-**, 19 **52**, that I last saw the deceased alive on **8-6-**, 19 **52**, and that death occurred at **11:50 P.**, from the causes and on the date stated above.

23A. SIGNATURE **J. S. Croyen** M. D. 23B. ADDRESS **4940 Eastern Ave.** 23C. DATE SIGNED **8-7-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Aug 11-52** 24C. NAME OF CEMETERY OR CREMATORY **Mt. Calvary** 24D. LOCATION (City, town, or county) (State) **a. a. Co. md**

DATE RECEIVED BY LOCAL REGISTRAR **AUG 8 - 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR ADDRESS **James A. Hayes 638 N. Belmar St**

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BIRTH NO. 7427

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7427

1. NAME OF DECEASED (Type or Print) <i>Louis L. Boyd</i>			2. DATE OF DEATH <i>8/6/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, Md. 5200</i>		
Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural give location) <i>520 Charing Cross Rd. #24</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 25 1880</i>	9. AGE (In years last birthday) <i>72</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired Machinist, Mahon &amp; Gall</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>MARINE ENG. Boyd</i>			14. MOTHER'S MAIDEN NAME <i>Sarah-----</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>215 05 8150</i>	17. INFORMANT ADDRESS <i>Mrs. Harry Crum, 520 Charing Cross Rd</i>		

18. <i>541.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Coronary Atherosclerosis</i> DUE TO (B) <i>Hypertension</i> DUE TO (C) <i>Duodenal Ulcer</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>5/August/52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Small Intestinal Obstruction</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7/23/52*, 19\_\_, to *8/6/52*, 19\_\_, that I last saw the deceased alive on *8/6/52*, 19\_\_, and that death occurred at *8:30* p.m., from the causes and on the date stated above.

23A. SIGNATURE <i>Harold K. Daly</i>	23B. ADDRESS <i>4101 Edmondson Ave</i>	23C. DATE SIGNED <i>8-7-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8-9-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet Cemetery, Balto. Md.</i>	24D. LOCATION (City, town, or county) (State)
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DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 8 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Md. Harry J. Kutzke</i>	25. FUNERAL DIRECTOR ADDRESS <i>4101 Edmondson Ave</i>
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CERTIFICATE OF DEATH

1911

1911

Name of Deceased		Age		Sex		Race		Religion		Marital Status		Occupation		Cause of Death		Date of Death		Place of Death		Signature of Physician		Signature of Registrar	

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 7428

540  
52 7428  
BIRTH NO. 52-17361

1. NAME OF DECEASED (Type or Print) <u>O'Malley, Baby Boy</u>			2. DATE OF DEATH <u>July 30, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Joseph's Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore #6</u>		
D. STREET ADDRESS (If rural, give location) <u>3916 Frankfort Avenue</u>			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 29, 1952</u>		9. AGE (In years last birthday) <u>15</u> <u>70</u> Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>Francis Potuck</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. <u>761.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Atelectasis</u> DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Premature separation of placenta</u> DUE TO _____		
<u>Transverse presentation</u> DUE TO _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 29</u> , 19 <u>52</u> to <u>July 30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>July 30</u> , 19 <u>52</u> and that death occurred at <u>8:10 a.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>William P. Baldwin, M.D.</u>		23B. ADDRESS <u>1400 N. Caroline Street</u>		23C. DATE SIGNED <u>July 30, 1952</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <u>Aug. 9, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer Cemetery Balto., Md.</u>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR ADDRESS <u>5305 Abingford Rd.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 8 - 1952</u>		REGISTRAR'S SIGNATURE <u>Wilmington Williams, M.D.</u>			

MEDICAL CERTIFICATION

city  
2

GREGORINS  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7429

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Margaret Gregory Ann Gregory</i>		2. DATE OF DEATH <i>Aug 6 1952</i> <i>12-25 P.M.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>28 days</i>		D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1875</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) <i>77</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
13. FATHER'S NAME <i>John Cooper</i>		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME <i>Winnifred Finn</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>L. S. of the Poor</i>	

CAUSE OF DEATH

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) <i>Arteriosclerotic Cardiovascular Disease</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>6 yrs</i>
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ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

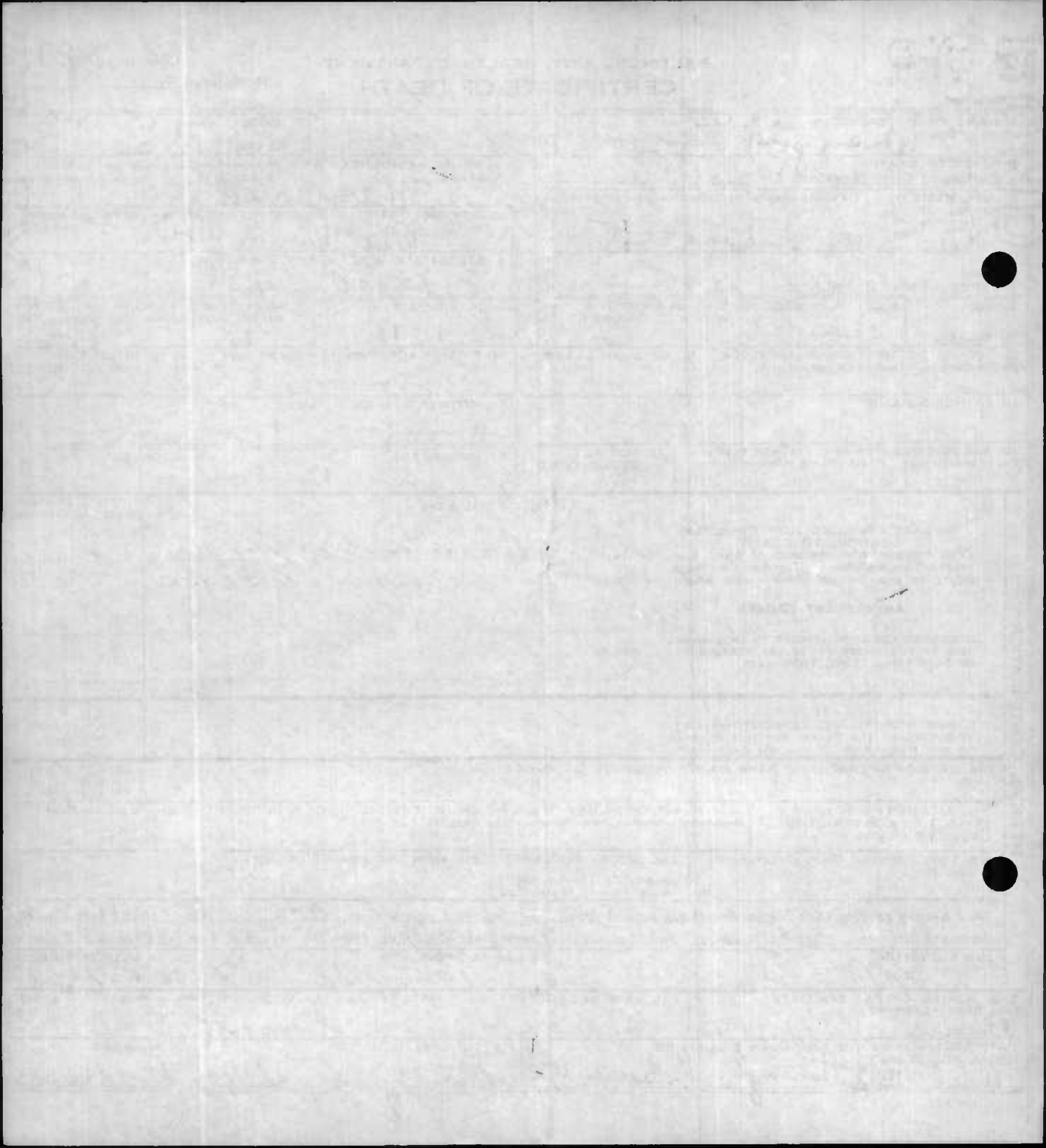
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *7-6*, 19*52* to *8-6*, 19*52* that I last saw the deceased alive on *8-5*, 19*52*, and that death occurred at *12:05 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>John H. Lynn, M.D.</i>	23B. ADDRESS <i>11 E. Chas St</i>	23C. DATE SIGNED <i>8-7-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Aug. 9, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Mary's</i>	24D. LOCATION (City, town, or county) (State) <i>Maryland</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 8 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Rita Wiedefeld</i>	ADDRESS <i>900 E. Biddle St.</i>
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7430**

BIRTH NO.

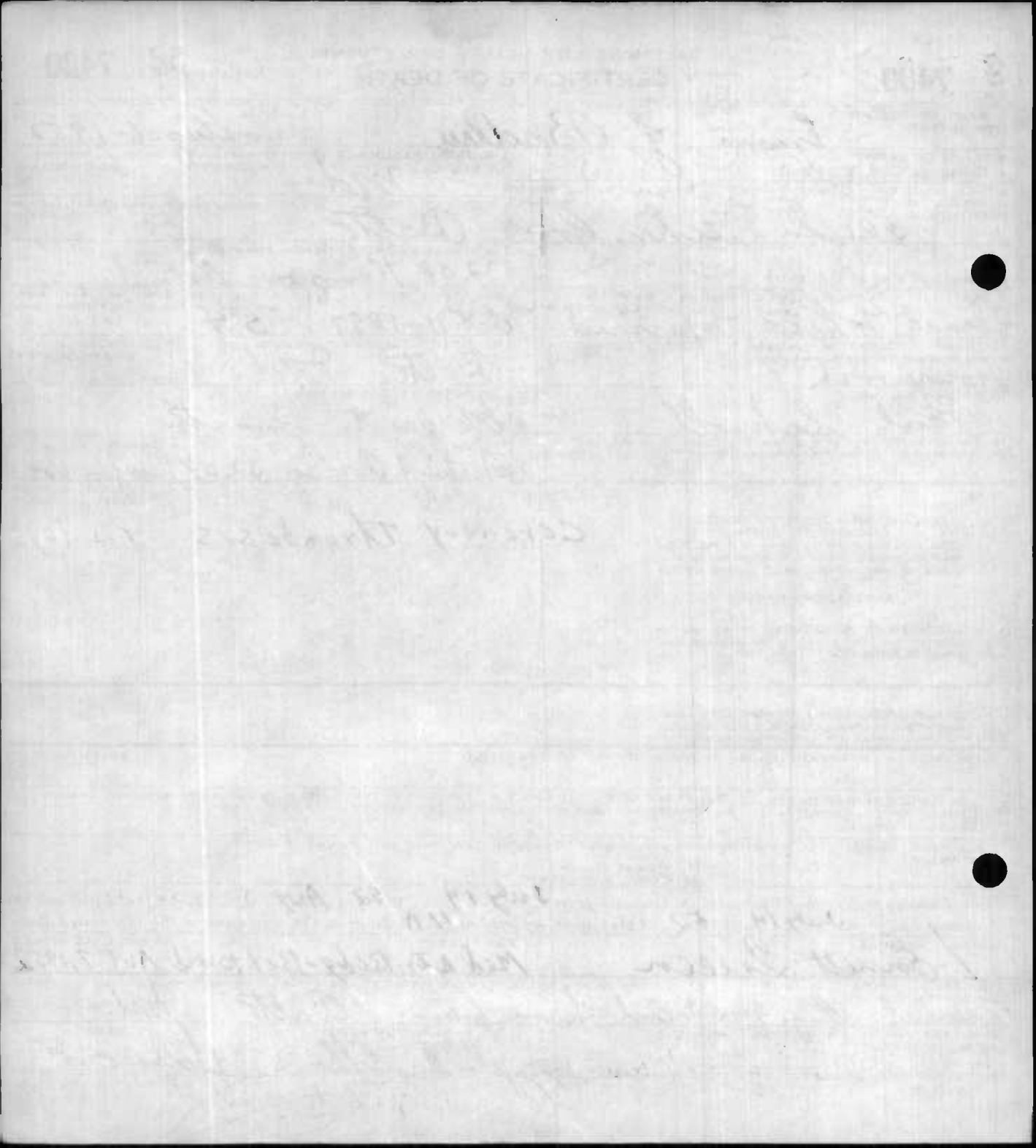
1. NAME OF DECEASED (Type or Print) <b>Emma G. Bordley</b>		2. DATE OF DEATH <b>Aug. 6-1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) A. STATE <b>Md.</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>501 S. Decker Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto.</b>	
D. STREET ADDRESS (If rural, give location) <b>3208 Kenyon Ave.</b>			
6. LENGTH OF STAY IN BALTIMORE	Yrs. Mos. Days		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 11-1897</b>
9. AGE (in years last birthday) <b>54</b>		10. UNDER 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Paul Schroll</b>		14. MOTHER'S MAIDEN NAME <b>Margaret Smith</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Austin J. Bordley</b>		ADDRESS <b>3208 Kenyon Ave.</b>	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>14 days</b>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 14, 1952** to **Aug 5, 1952**, that I last saw the deceased alive on **July 14, 1952** and that death occurred at **11 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Ernest Green</b>		23B. ADDRESS <b>Md. Ats Bldg - Balto. Md.</b>		23C. DATE SIGNED <b>AUG 7, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>Aug. 9-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 8 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, MD</b>		FUNERAL DIRECTOR <b>John H. Miller</b>
				ADDRESS <b>2334 Jefferson St.</b>



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7431**

**540**  
**52 7431**

1. NAME OF DECEASED (Type or Print) <b>ERNESTO SAMUEL</b>			2. DATE OF DEATH <b>August 4, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Pa.</b> B. COUNTY <b>V-35</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location) <b>US Public Health Service Hospital</b> <b>Wyman Pk. Drive &amp; 31st Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Philadelphia</b>		
Length of stay in Baltimore <b>12 days</b> Yrs. <b>m</b> Mos. <b>Days</b>			D. STREET ADDRESS (If rural, give location) <b>2005 Diamond Street</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>col</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3/17/99</b>	9. AGE (In years last birthday) <b>53</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chief cook</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Seafarer</b>		11. BIRTHPLACE (State or foreign country) <b>Panama</b>	
13. FATHER'S NAME <b>Daniel Samuel</b>			12. CITIZEN OF WHAT COUNTRY?		
14. MOTHER'S MAIDEN NAME <b>Theresa Lee</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>?</b> (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. <b>?</b>			17. INFORMANT ADDRESS <b>Records- US PHS Hospital, Balto, Md.</b>		

18. <b>260 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <b>Gangrene, left thigh</b>			<b>4 wks.</b>
DUE TO			
ANTECEDENT CAUSES		(B) <b>diabetes mellitus</b>	<b>Unknown</b>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 23, 1952**, to **Aug. 4, 1952** that I last saw the deceased alive on **Aug. 4, 1952** and that death occurred at **5:58 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE **J.A. Hunter** 23B. ADDRESS **US PHS Hospital, Balto, Md.** 23C. DATE SIGNED **8/6/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>8/8/1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 8 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, MD</b>	25. FUNERAL DIRECTOR ADDRESS <b>Arlington S. Phillips</b> <b>21808 N. Monroe St. Balto., Md.</b>	

MEDICAL CERTIFICATION

**7545574**  
**21808 N. Monroe St. Balto., Md.**

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

1914

Name of Deceased		Sex		Age		Date of Birth		Place of Birth	
Cause of Death		Duration of Illness		Time of Death		Place of Death		Occupation	
Signature of Physician		Signature of Registrar		Signature of Informant		Signature of Witness		Signature of Coroner	
Signature of Medical Examiner		Signature of Health Officer		Signature of Mayor		Signature of Councilman		Signature of Alderman	

160  
7432BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7432

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>LILLIE I SHAFFER</b>		2. DATE OF DEATH <b>8/5/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Ind.</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>3515 Hickory Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto</b> <b>13-06</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3515 Hickory Ave.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5/22/77</b>
9. AGE (In years last birthday) <b>75</b>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Ind.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
18. <b>420.0</b>		<b>Mildred M. March 3515 Hickory Ave.</b>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) <b>congestive heart failure 2 weeks</b>	
(B) <b>arterio-sclerotic heart</b>		<b>yes</b>	
(C) <b>arterio-sclerotic</b>		<b>yes</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>7/22</b> , 19 <b>52</b> to <b>8/5</b> , 19 <b>52</b> that I last saw the deceased alive on <b>8/4</b> , 19 <b>52</b> , and that death occurred at <b>6:30 A.</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>2020 N. Charles St.</b>	
23C. DATE SIGNED <b>8/9/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>8/9/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Daniel Dodge</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Ind.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 8 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
FUNERAL DIRECTOR <b>Paul E. [Signature]</b>		ADDRESS <b>36 S. 17 Street Ave.</b>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION

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Registered No. **52 7433**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MARY ELIZABETH BRICKLEY</b>		2. DATE OF DEATH <b>8-5-52</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MARYLAND</b> b. COUNTY <b>BALTIMORE</b>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <b>4839 HAZELWOOD AVE</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 26-01</b>	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <b>4839 HAZELWOOD AVE</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>10-24-1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	
13. FATHER'S NAME <b>W.C. WILSON</b>		14. MOTHER'S MAIDEN NAME <b>EMMA ADAMS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
18. <b>422.1 and 260X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <b>Arteriosclerotic Cardiovascular Disease</b> DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <b>Arteriosclerosis</b> DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <b>senility</b>	
19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>May</b> , 19 <b>50</b> , to <b>August 5</b> , 19 <b>52</b> that I last saw the deceased alive on <b>Aug 5</b> , 19 <b>52</b> , and that death occurred at <b>4:20 p.m.</b> , from the causes and on the date stated above.		21f. HOW DID INJURY OCCUR?	
23a. SIGNATURE <b>May R. English</b>		23b. ADDRESS <b>5713 Belair Rd</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>8-9-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>MORFORD MEMORIAL</b>		24d. LOCATION (City, town, or county) (State) <b>BALTIMORE, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 8 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>F.C. HIGGINS</b>		ADDRESS <b>1100 ELLICOTT CITY MD.</b>	

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7434  
Registered No. 52 7434

520  
52 7434  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mrs. Marie Laing</b>			2. DATE OF DEATH <b>8-6-52</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland Baltimore Md.</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Howard</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>St. Agnes Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Savage</b>		
C. Length of stay in Baltimore <b>50 Years</b>			D. STREET ADDRESS (If rural, give location) <b>Savage Maryland</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6-30 1902</b>		9. AGE (In years last birthday) <b>50</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>
13. FATHER'S NAME <b>Robert McIntyre</b>			14. MOTHER'S MAIDEN NAME <b>Emma Shivey</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Robert Laing, Savage, Md.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		ADDRESS			

18. <b>434.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute Congestive Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 5, 1952, to Aug 6, 1952, that I last saw the deceased alive on Aug 5, 1952, and that death occurred at 9:30 A m., from the causes and on the date stated above.

23A. SIGNATURE [Signature] M. D. St. Agnes' Hosp. 23B. ADDRESS [Address] 23C. DATE SIGNED Aug 6, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>8-8-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Savage</b>	24D. LOCATION (City, town, or county) (State) <b>Savage, Maryland</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 8 - 1952</b>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <b>DeWitt Donaldson, Laurel, Maryland</b>	ADDRESS
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DEPARTMENT OF COMMERCE  
BUREAU OF MARITIME SERVICE

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7435  
Registered No.

BIRTH NO. 52-10668

1. NAME OF DECEASED (Type or Print) *Robert Tunstall* 2. DATE OF DEATH *Aug. 7, 1952*

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission) A. STATE *Md* B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL* C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore 15-01*

D. STREET ADDRESS (If rural, give location) *1358 N. Calhoun St.* Yrs. Mos. Days

5. SEX *male* 6. COLOR OR RACE *Colored* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH *May 10, 1952* 9. AGE (In years last birthday) *3* 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. FIREPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME *Clarence Tunstall* 14. MOTHER'S MAIDEN NAME *Helen Brooks*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. *571.0* CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Dehydration + acidosis* DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Diarrhoea - ? Etiology* DUE TO

*1 month*

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8/6*, 19*52*, to *8/7*, 19*52*, that I last saw the deceased alive on *8/7*, 19*52*, and that death occurred at *10* m., from the causes and on the date stated above.

23A. SIGNATURE *A. P. ...* 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *Aug. 9, 1952* 24C. NAME OF CEMETERY OR CREMATORY *Mt. Auburn* 24D. LOCATION (City, town, or county) (State) *Baltimore Co. Md.*

DATE RECEIVED BY LOCAL REGISTRAR *AUG 8 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR ADDRESS *Sibson Funeral Home - 1735 Druid Hill Ave.*

*[Faint, mostly illegible handwritten text across the page, possibly a letter or report. Some words like "Dear Sir" and "Very truly yours" are faintly visible.]*

WALL

300  
52 7436BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7436

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Fred W White

2. DATE  
OF  
DEATH

Aug 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS

18. 581.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) H-D hemorrhage from esophagus  
DUE TO

1 hr.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Hepatic cirrhosis  
DUE TO

15 yrs.

(C) Chronic alcoholism  
DUE TO

20 yrs.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOBIOGRAPHY

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-26-1952 to 8-2-1952 that I last saw the  
deceased alive on 8-2-1952, and that death occurred at 9:05 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF NEW YORK  
CERTIFICATE OF DEATH

NAME OF DECEASED		DATE OF DEATH	
JAMES J. JONES		JANUARY 1, 1900	
AGE		SEX	
35		Male	
BIRTH		PLACE OF BIRTH	
JANUARY 1, 1865		NEW YORK	
OCCUPATION		CAUSE OF DEATH	
Clerk		Disease of the heart	
RESIDENCE		PLACE OF DEATH	
New York		New York	
DATE OF INTERMENT		PLACE OF INTERMENT	
JANUARY 1, 1900		New York	
NAME OF MINISTER		NAME OF CLERGYMAN	
JAMES J. JONES		JAMES J. JONES	
NAME OF FUNERAL HOME		NAME OF BURIAL PLACE	
JAMES J. JONES		JAMES J. JONES	

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered **52 7437**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**JAMES LAWSON**

2. DATE  
OF  
DEATH

**August 4, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Johns Hopkins Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

**Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1628 E. Eager Street**

5. SEX

**Male**

6. COLOR OR RACE

**Colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Widowed**

8. DATE OF BIRTH

**Oct.-10-1914**

9. AGE (In years last birthday)

**37**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Laborer**

10B. KIND OF BUSINESS OR INDUSTRY

**In Gen.**

11. BIRTHPLACE (State or foreign country)

**S.C.**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Steven Lawson**

14. MOTHER'S MAIDEN NAME

**Minnie Lawson**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Bessie Mathews 1628 E. Eager St**

18. **002X**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Far advanced pulmonary tuberculosis**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William H. [Signature]*

23B. CHIEF MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

**Aug. 5, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**8/8/1952**

24C. NAME OF CEMETERY OR CREMATORY

**Mt Calvary Cem.**

24D. LOCATION (City, town, or county)

**Brooklyn Md.**

DATE RECEIVED BY

**AUG 8 1952**

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Erroy Nelson 1000 Beauty Ave*

1953

1953

CERTIFICATE OF DEATH

1953

NAME

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

CITY

DATE OF DEATH

PLACE OF DEATH

CITY

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

DATE OF INTERMENT

PLACE OF INTERMENT

CITY

DATE OF CREMATION

PLACE OF CREMATION

CITY

DATE OF EXHUMATION

PLACE OF EXHUMATION

CITY

DATE OF REINTERMENT

PLACE OF REINTERMENT

CITY

DATE OF RECREMATION

PLACE OF RECREMATION

CITY

DATE OF REEXHUMATION

PLACE OF REEXHUMATION

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PLACE OF REINTERMENT

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PLACE OF RECREMATION

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DATE OF REEXHUMATION

PLACE OF REEXHUMATION

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DATE OF REINTERMENT

PLACE OF REINTERMENT

CITY

DATE OF RECREMATION

PLACE OF RECREMATION

CITY

620

52-7438

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52-7438

1. NAME OF DECEASED (Type or Print) <b>RUFUS BROOKS</b>		2. DATE OF DEATH <b>5 AUGUST 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>BALTIMORE CITY</b> B. COUNTY <b>Anne Arundel</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIV. HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
Length of stay in Baltimore <b>Sign</b>		D. STREET ADDRESS (If rural, give location) <b>17 CHERRY LANE</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Jan. 30, 1883</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>69</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <b>LABORER</b> <b>LAWSON BROOKS</b>		14. MOTHER'S MAIDEN NAME <b>REBECCA JENNINGS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>m</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS <b>Mrs Bertha Brooks A.A. Co. Md</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
18. <b>610X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>UREMIA</b> DUE TO <b>ACUTE URINARY RETENTION</b> DUE TO <b>PROSTATIC ENLARGEMENT</b> DUE TO <b>Pneumonitis + longartine failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b> <b>9 days</b> <b>?</b> <b>2 days</b>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1 August 1952</b> to <b>5 August 1952</b> that I last saw the deceased alive on <b>5 August 1952</b> and that death occurred at <b>2:15 P.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>John O. Harrett</b>		23B. ADDRESS <b>University Hospital</b>	
23C. DATE SIGNED <b>5 Aug 1952</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>8-8-52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>mt Calvary Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Brooklyn Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 8 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>Elmer Wilson</b>		ADDRESS <b>1022 Beauty Rd</b>	

MEDICAL CERTIFICATION

August 1952

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260  
52 7439

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7439  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		Elsie Ege		2. DATE OF DEATH August 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 818 N. Pat. Pk. Ave.				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 818 N. Pat. Pk. Ave.	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore Md.	
Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 818 N. Pat. Pk. Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 17, 1884	9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME Oscar Stolzenbach				12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME Mary Sterngle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				17. INFORMANT Frederick Ege	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				ADDRESS 818 N. Pat. Pk. Ave.	

MEDICAL CERTIFICATION

18. 443x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Hypertensive DUE TO (B) Cardiovascular DUE TO (C) Disease		INTERVAL BETWEEN ONSET AND DEATH 3 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from November 4, 1949 to Aug 7, 1952 that I last saw the deceased alive on Aug 4, 1952, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23. SIGNATURE  
Francis J. Januszewski, M. D.  
23B. ADDRESS  
540 N. Linwood  
23C. DATE SIGNED  
8-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 11/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto. Md.
---	-------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR AUG 8 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Philip Henry's Inc.	ADDRESS 2024 Orleans St.
--	--	---	-----------------------------

8517 50

CERTIFICATE OF DEATH

STATE OF TEXAS

COUNTY OF DALLAS

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

655  
7440BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7440

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Gorman, John Joseph

2. DATE  
OF  
DEATH

8/7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

University Hospital

Life Yrs.  
Mos.  
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)  
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

16-07

D. STREET ADDRESS (If rural, give location)

1213 Dukeland St

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 31, 1883

9. AGE (In years  
last birthday)

If Under 1 Year Months; Days If Under 24 Hours Hours Min.

69

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Paperhanger

10B. KIND OF BUSINESS OR  
INDUSTRY

C.L. Asendorf Co

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John J. Gorman

14. MOTHER'S MAIDEN NAME

Mary Lally

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Mrs. J. Joseph Gorman 1213 Dukeland Street

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Pneumonia, Possibly TBC

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Mediastinal Adenopathy

(C) DUE TO

Bronchogenic Carcinoma

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/31, 1952 to 8/7, 1952 that I last saw the  
deceased alive on 8/6, 1952 and that death occurred at 1:29 a.m., from the causes and on the date stated above.

23A. SIGNATURE

C. L. Asendorf, M.D.

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

8/7/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

8/9/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

AUG 8 - 1952

H. H. Moore and Son - 805 N. Calvert St.

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7441  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ALBERT A. MORAN

2. DATE  
OF  
DEATH

AUG: 5: 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

433 East Lynn Street

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE CITY

D. STREET ADDRESS (If rural, give location)

433 East Lynn Street

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 17-1897

9. AGE (In years  
last birthday)

55

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Care-taker

10B. KIND OF BUSINESS OR  
INDUSTRY

Loudon Pk. Cemetery

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward J. Moran

14. MOTHER'S MAIDEN NAME

Mary Litchfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Alice M. Moran..433 East Lynn St.

18. 157X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

General Carcinomatosis  
Carcinoma of Pancreas

6 Months

10 Months

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/30/51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Pancreas &amp; Metastasis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1952, to 8/5, 1953, that I last saw the  
deceased alive on 8/5, 1952, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Edith Williams M.D.

M. D.

23B. ADDRESS

3432 Undercliff Ave

23C. DATE SIGNED

8/11/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

AUG: 9: 1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

AUG 8 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

F. B. Wippert &amp; Son

ADDRESS

217-01-4136

460  
52 7442

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7442  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>WILLIAM MILLER</b>		2. DATE OF DEATH <b>August 5, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>US Public Health Service Hospital</b> <b>Wyman Pk. Drive &amp; 31st Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
D. STREET ADDRESS (If rural, give location) <b>1940 Hollins Street</b>		E. LENGTH OF STAY IN BALTIMORE <b>?</b> Yrs. Mos. Days			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9/11/80</b>	9. AGE (In years last birthday) <b>71</b>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Driver-Helper</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Brewery</b>		11. BIRTHPLACE (State or foreign country) <b>New York</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Peter Miller</b>		14. MOTHER'S MAIDEN NAME <b>Catherine Schlarp</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>213-10-2036</b>		17. INFORMANT ADDRESS <b>Records-US PHS Hospital, Bal to, Md.</b>	
18. <b>147X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Confluent Lobular Pneumonia</b>		CAUSE OF DEATH (A) <b>Confluent Lobular Pneumonia</b> DUE TO (B) <b>Carcinoma of Left Ovarian Sinus</b> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <b>1 d.</b> <b>3 months</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June 6</b> , 19 <b>52</b> , to <b>Aug. 5</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Aug. 5</b> , 19 <b>52</b> , and that death occurred at <b>3 P</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Arthur Spindler</b>		23B. ADDRESS M. O. <b>US PHS Hospital, Balto, Md.</b>		23C. DATE SIGNED	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>AUG:8:1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore National Cem. Baltimore Maryland</b>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <b>F.B. WIPPERT &amp; SON</b>		25. ADDRESS <b>1300 Eutaw Pl. 17</b>	

MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) CATHERINE BECKER 2. DATE OF DEATH 8/7/52

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hosp A. STATE Md B. COUNTY \_\_\_\_\_

5. SEX F 6. COLOR OR RACE W 7. SINGLE (MARRIED) WIDOWED DIVORCED (Specify) \_\_\_\_\_ C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-09

8. DATE OF BIRTH Nov-26-1889 9. AGE (in years last birthday) 62 10. LENGTH OF STAY IN BALTIMORE Life Yrs. Mos. Days

11. BIRTHPLACE (State or foreign country) Baltimore Md 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Helmke 14. MOTHER'S MAIDEN NAME Catherine Berkinstock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No 16. SOCIAL SECURITY NO. names

17. INFORMANT Walter L. Becker ADDRESS 1223 E. Federal St.

18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Myocardial Infarction 230hs.

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) HASCV disease (B) diabetes mel. & L. Renal Atrophy (C) renal abscess

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized Peritonitis secondary to 2 mos.

19A. DATE OF OPERATION 7 19B. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH \_\_\_\_\_ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) \_\_\_\_\_

21D. TIME (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from July 15, 1952, to Aug 7, 1952, that I last saw the deceased alive on 8/7, 1952, and that death occurred at 9:40 am., from the causes and on the date stated above.

23A. SIGNATURE Daniel Bakal M. D. 23B. ADDRESS Sinai Hosp 23C. DATE SIGNED 8/7/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE Aug. 11, 1952 24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery 24D. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR Aug 8 - 1952 REGISTRAR'S SIGNATURE Huntington Williams, MD FUNERAL DIRECTOR Charles W. Calkin ADDRESS \_\_\_\_\_

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346  
52 7444BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7444

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DUKE IRVIN BUTLER.

2. DATE  
OF  
DEATH

9-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE MARYLAND

B. COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give township)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1029 NTH CENTRAL AVE

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1029 NTH CENTRAL AVE.

5. SEX

MALE

6. COLOR OR RACE

COL

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

12-19-89

9. AGE (In years last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

6 16

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

MARYLAND.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

UNKNOWN.

14. MOTHER'S MAIDEN NAME

UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

?

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

SADIE BUTLER, 1029 N. CENTRAL AVE.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial infarction 4 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Heart Disease?

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 5, 1952, to July 5, 1952, that I last saw the deceased alive on July 5, 1952 and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

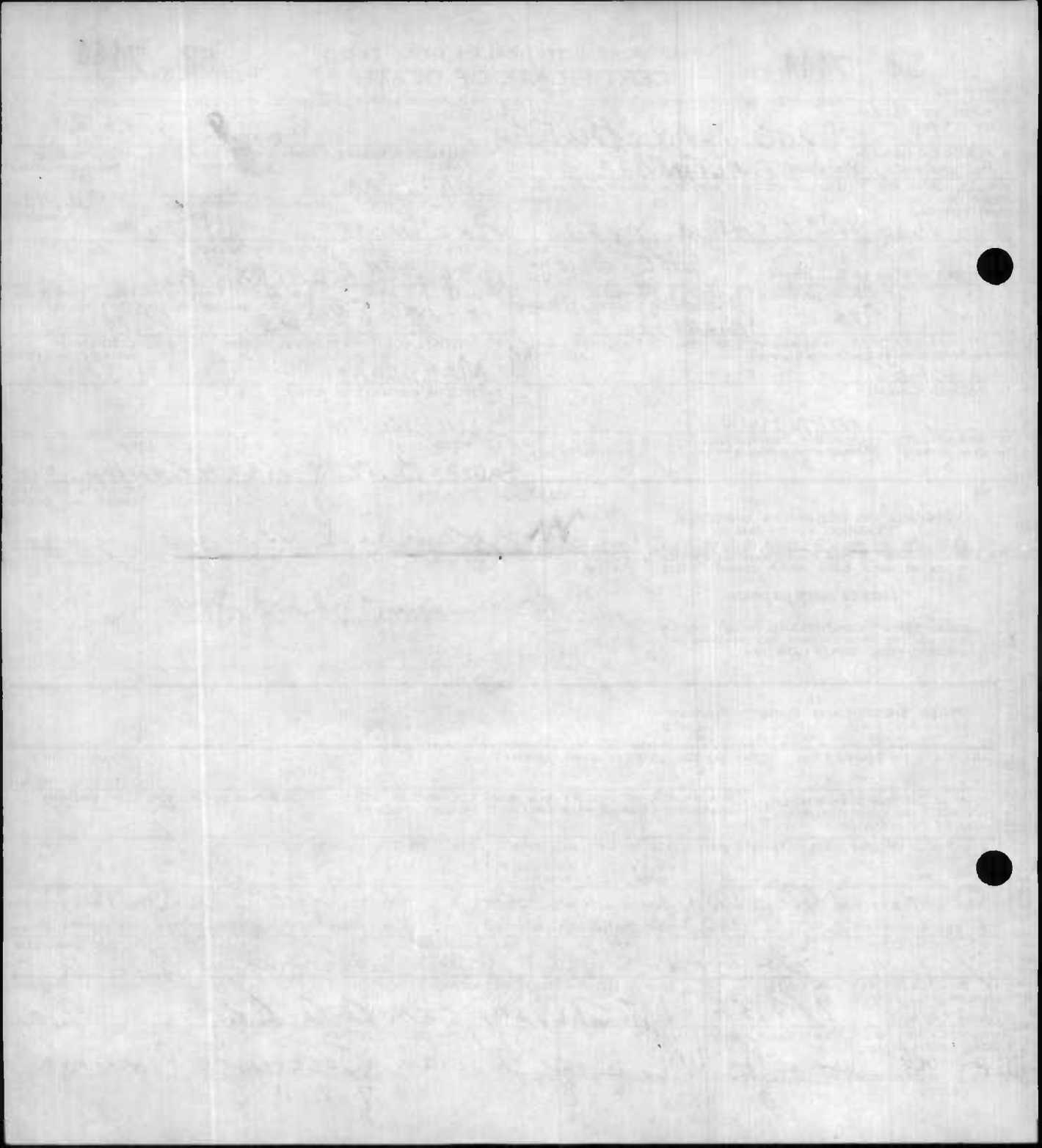
AUG 8 - 1952

Huntington Williams, MD

WILLIAM A JACKSON, 916 PENNA. AVE.

VS 150

19520905007441



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7445**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**NELLIE WARD**

2. DATE  
OF  
DEATH

**AUG. 7. 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

**3808 FIFTH ST.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

**MARYLAND**

C. CITY OR TOWN (If outside corporate limits, write R.I.T. and give township)

**BALTIMORE 25-04**

D. STREET ADDRESS (If rural, give location)

**411 PONTIAC AVE.**

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**F.**

6. COLOR OR RACE

**W.**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**Widowed**

8. DATE OF BIRTH

**Apr. 17. 1868**

9. AGE (In years  
last birthday)

**84**

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

**House-wife**

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

**MARYLAND**

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**G. T. Pomphrey**

14. MOTHER'S MAIDEN NAME

**MARGARET A. UPTON.**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

**No.**

16. SOCIAL  
SECURITY NO.

**NONE**

17. INFORMANT

ADDRESS

**MRS. Wm. E. Fogle 3808 Fifth Ave.**

18. **332X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

**Cerebral Thrombosis**

INTERVAL BETWEEN  
ONSET AND DEATH

**1 month**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 31, 1952**, to **August 7, 1952**, that I last saw the deceased alive on **August 4, 1952**, and that death occurred at **3:53 p. m.**, from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

**P. J. Jinnialdi**

M. D.

**4604 Gov. Ritchie Hwy.**

**8-7-52**

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

**BURIAL**

**8-11-1952**

**LOUDON PARK**

**BALTIMORE**

**MD**

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**AUG 8 - 1952**

**Huntington Williams**

**HOWARD STRONG 13287 W. North Ave.**

Dr P J GRIMALDI  
4609 Ritchie H.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7446**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Eleman Ellis Brooks*

2. DATE  
OF  
DEATH

*August 7, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, give R.R. and give township)

*Baltimore*

D. STREET ADDRESS (If rural, give location)

*1435 Argyle Ave.*

c. Length of stay in Baltimore

*Life*

5. SEX

*Female*

6. COLOR OR RACE

*Colored*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*D*

8. DATE OF BIRTH

*- - 03 49*

AGE (in years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Janitress*

10B. KIND OF BUSINESS OR INDUSTRY

*?*

11. BIRTHPLACE (State or foreign country)

*Balto. Md.*

12. CITIZEN OF WHAT COUNTRY?

*USA*

13. FATHER'S NAME

*Joseph Brooks*

14. MOTHER'S MAIDEN NAME

*Bernice Dorsey*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*No*

16. SOCIAL SECURITY NO.

*?*

17. INFORMANT

*JOHNS HOPKINS HOSPITAL*

18. *443X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

*Subarachnoid Hemorrhage*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

*Hypertensive arteriosclerosis cardiovascular disease*

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

*11 da*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-3*, 19*52*, to *8-7*, 19*52*, that I last saw the deceased alive on *8-7*, 19*52*, and that death occurred at *9:45 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

*Richard H. Kelson*

23B. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*8/12/52*

24C. NAME OF CEMETERY OR CREMATORY

*Arbutus*

24D. LOCATION (City, town, or county)

*Arbutus Md*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, Jr.*

25. FUNERAL DIRECTOR

ADDRESS

*Mrs. H. Kelson 1303*

**AUG 8 - 1952**

VS 150

*770 74 Preston St.*

MEDICAL CERTIFICATION

1918

CERTIFICATE OF DEATH

1

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363 REA-160691

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7447

52 7447

1. NAME OF DECEASED (Type or Print) <b>Zachariah Edwards</b>			2. DATE OF DEATH <b>August 6, 1952</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>16-01</b>		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>40 yrs.</b>			d. STREET ADDRESS (If rural, give location) <b>615 N. Carey Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 17, 1873</b>	9. AGE (In years and birthday) <b>78 77</b>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>?</b>		
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Granson Edwards (Dec)</b>			14. MOTHER'S MAIDEN NAME <b>Elizabeth Hammond (Dec)</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		
17. INFORMANT <b>Records: B. C. H. 4940 Eastern Avenue</b>			ADDRESS		

18. <b>177x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Post operative shock</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Carcinoma of prostate</b>		<b>20 months</b>

19a. DATE OF OPERATION <b>8-6-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of prostate</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>7-2</b> , 19 <b>52</b> , to <b>8-6</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>8-6</b> , 19 <b>52</b> , and that death occurred at <b>9:20 P</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <i>J. S. Rogers</i> M. D.		23b. ADDRESS <b>4940 Eastern Avenue</b>		23c. DATE SIGNED <b>8-7-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 11, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 8 - 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington W. Hissus</i>	25. FUNERAL DIRECTOR ADDRESS <b>Geo. G. Kelson 1303 Presstman St.</b> <i>Geo. G. Kelson</i>		

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625  
2 7448BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7448

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>John Marchioni</b>			2. DATE OF DEATH <b>August 6, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>6-01</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2805 Orleans St.</b>			C. CITY OR TOWN <b>Baltimore</b> D. STREET ADDRESS (If rural, give location) <b>2805 Orleans St.</b>		
c. Length of stay in Baltimore <b>? ?</b> Yrs. Mos. Days			8. DATE OF BIRTH <b>7/24/1872</b> 9. AGE (In years last birthday) <b>80</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.		
5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>			11. BIRTHPLACE (State or foreign country) <b>Italy</b> 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>File setter</b> 10B. KIND OF BUSINESS OR INDUSTRY <b>Building</b>			14. MOTHER'S MAIDEN NAME <b>? ?</b>		
13. FATHER'S NAME <b>? ? Marchioni</b>			17. INFORMANT <b>Mrs Lucille DePetris</b> ADDRESS <b>3128 Woodhorne Ave.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>? ?</b> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>? ?</b>		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Chronic Cardio Vascular Disease.</b> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>420.1</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 15, 1952** to **Aug 6, 1952**, that I last saw the deceased alive on **Aug 4, 1952**, and that death occurred at **6:40 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Albert Scagnetti** M. D. 23B. ADDRESS **1729 W Lombard St** 23C. DATE SIGNED **Aug 8 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>8/9/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>	
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DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 8 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>John A. Moran</b> ADDRESS <b>3000 E. Balbo. St.</b>	
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52 7449

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7449  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

William R. Rogers, Jr.

2. DATE  
OF  
DEATH

Aug. 7, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission):  
a. STATE Maryland b. COUNTY \_\_\_\_\_

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

5402 Senmore Ave.

c. CITY OR TOWN (If outside corporate limits, write R.D. and give township)  
Baltimore 1-18

d. STREET ADDRESS (If rural, give location)  
5402 Senmore Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days  
11. Under 24 hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Howardville Md. 6112

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William R. Rogers

14. MOTHER'S MAIDEN NAME

Louise Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT  
Mr. Louise Rogers  
5402 Senmore Ave.

18. 334X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Apoplexy

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5/1952 to 8/7/1952, that I last saw the deceased alive on 8/6/1952 and that death occurred at 4 P. M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

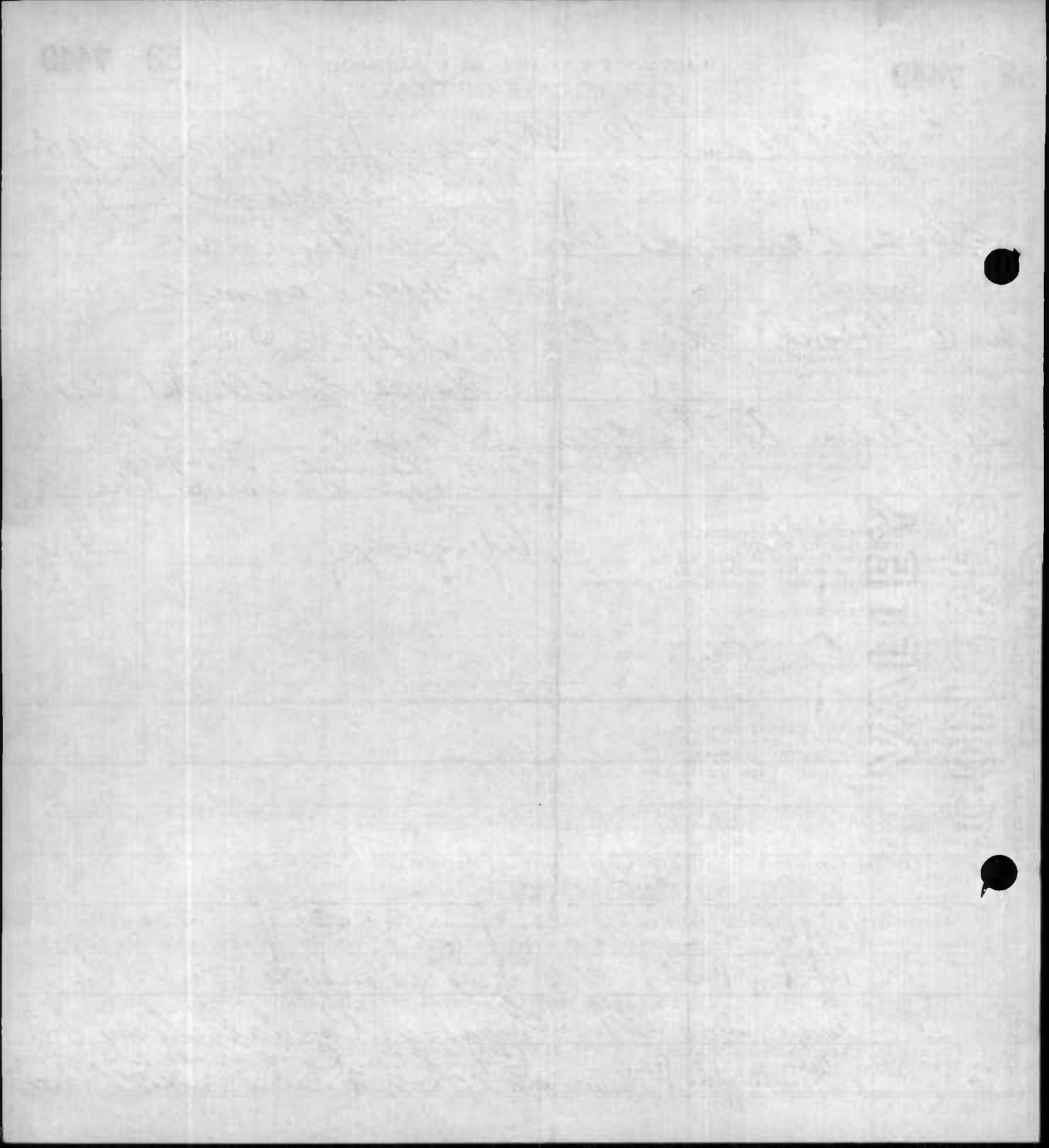
24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRY  
AUG 8 1952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



525  
52 7450

JANZEN  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7450  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>IDA J. JANZEN</b>		2. DATE OF DEATH <b>8/8/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) A. STATE <b>MARYLAND.</b> B. COUNTY <b>26-03</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>3601 Chesterfield Avenue</b>		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <b>BALTIMORE</b>	
C. Length of stay in Baltimore <b>66 yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>3601 CHESTERFIELD AVE.</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>9/13/1870</b>
9. AGE (In years last birthday) <b>81</b>		10. Under 1 Year: Months: Days <b>11</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	
11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>? Ay</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>3601 Chesterfield Avenue</b>		ADDRESS <b>Arnold Max Jansen</b>	

18. <b>332x and 153x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>ENCEPHALOMALACIA</b> DUE TO (B) <b>ARTERIO SCLEROSIS &amp; HYPERTENSION 20 yrs.</b> DUE TO (C) <b>CARCINOMA OF TRANSVERSE COLON</b>	INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION <b>0</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>JUNE 1948</b> , to <b>AUGUST 1952</b> , that I last saw the deceased alive on <b>AUG. 10, 1952</b> , and that death occurred at <b>1:45 p.m.</b> , from the causes and on the date stated above.		
23a. SIGNATURE <b>William F. Colek</b>	23b. ADDRESS <b>4200 Sheldon Avenue</b>	23c. DATE SIGNED <b>8/8/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>8/11/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 8 - 1952</b>		ADDRESS <b>BALTO., 13, MD.</b>
VS 150 <b>Huntington Williams, M.D.</b> <b>Seay P. Sander</b>		

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FEB 10 1964

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7451**

**400**  
**52 7451**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*George - A. Schull*

2. DATE  
OF  
DEATH

*8/8/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)

*Ind.*

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

*2241 Annapolis Rd.*

C. CITY OR TOWN (If outside corporate limits, write R.U.I.L. and give  
township)

*Baltimore*

*25-33*

D. STREET ADDRESS (If rural, give location)

*2241 Annapolis Rd.*

Length of stay in Baltimore

*45*

5. SEX

*Male*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*Widowed*

8. DATE OF BIRTH

*3/31/1873*

9. AGE (In years  
last birthday)

*79*

10. Under 1 Year  
Months: Days

11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

*Carpenter*

10B. KIND OF BUSINESS OR  
INDUSTRY

*Chas. B. Towell Co.*

11. BIRTHPLACE (State or foreign country)

*Baltimore Co.*

12. CITIZEN OF  
WHAT COUNTRY?

*USA*

13. FATHER'S NAME

*Joseph J. Schull*

14. MOTHER'S MAIDEN NAME

*Mary C. Davis*

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

*Miss Elaine E. Schull*

ADDRESS

*2241 Annapolis Rd.*

18. *42010*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) *Arteriosclerotic Heart Disease*

DUE TO

*2 years*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) *generalized arteriosclerosis*

DUE TO

*unknown*

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

*Benign Prostatic Hypertrophy 1 year*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 1, 1952* to *August 5, 1952*, that I last saw the  
deceased alive on *Aug 7, 1952*, and that death occurred at *7:00 A. m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Nathan Roemin*

M. D.

23B. ADDRESS

*206 S. Gilman St.*

23C. DATE SIGNED

*8-8-52*

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

*Burial*

24B. DATE

*8/11/52*

24C. NAME OF CEMETERY OR CREMATORY

*Landon Park Cem*

24D. LOCATION (City, town, or county)

*3801 Frederick Ave.*

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*John J. G. & Son Hollins*

ADDRESS

**AUG 8 - 1952**

VS 150

MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7452**

**52 7452**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Frederick Kiel*

2. DATE  
OF  
DEATH

*Aug. 6, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1323 Hull St.*

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE *Md.*

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*1323 Hull St.*

C. CITY OR TOWN (If outside corporate limits, write R. L. and give township)

*Baltimore 24-01*

Length of stay in Baltimore

*50*

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

*1323 Hull St.*

5. SEX

*Male*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Widower*

8. DATE OF BIRTH

*Feb. 27, 1878*

9. AGE (in years last birthday)

*74*

If Under 1 Year Months Days

*5 12*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*retired chauffeur*

10B. KIND OF BUSINESS OR INDUSTRY

*Sugar Ref.*

11. BIRTHPLACE (State or foreign country)

*Germany*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Unknown*

14. MOTHER'S MAIDEN NAME

*Unknown*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

*No.*

16. SOCIAL SECURITY NO.

*212-09-6550/Helen T. Hull 1226 Circle Dr.*

17. INFORMANT

ADDRESS

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary occlusion*

*1 hour*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive cardio-vascular disease*

*since 10/14/1944*

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Chronic asthmatic bronchitis.*

*?*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *10/14/1944* to *8/6/1952* that I last saw the deceased alive on *8/5/1952*, and that death occurred at *8 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Harry Deilee*

23B. ADDRESS

*1226 Hanover St.*

23C. DATE SIGNED

*8/6/52.*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*Aug 9, 1952*

24C. NAME OF CEMETERY OR CREMATORY

*Meadow Ridge*

24D. LOCATION (City, town, or county)

*Balts. Md.*

DATE RECEIVED BY LOCAL REGISTRAR

*AUG 8 - 1952*

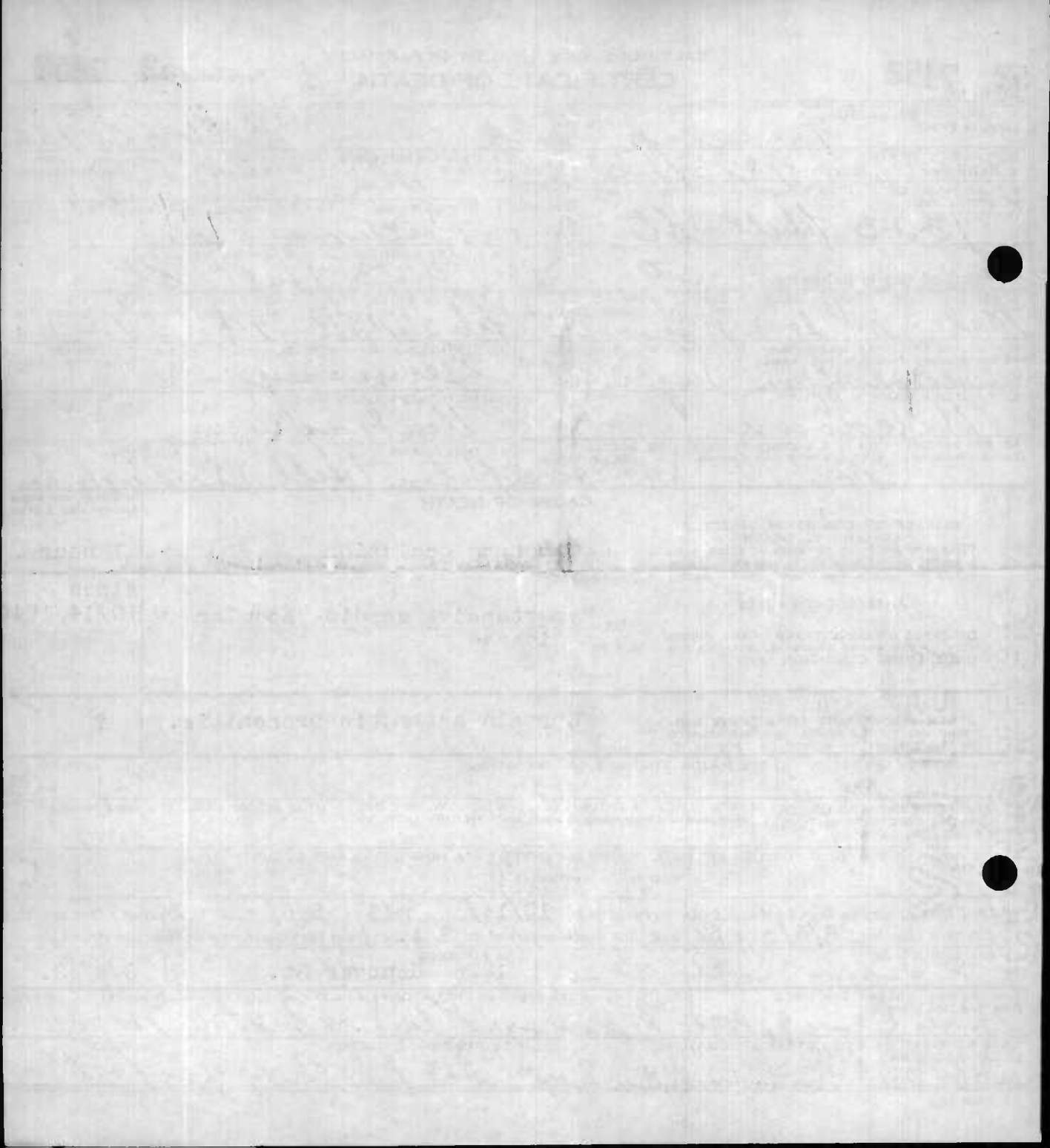
REGISTRAR'S SIGNATURE

*Huntington Williams*

25. FUNERAL DIRECTOR

*Chas F. Hull 1501 E. Fort Ave*

ADDRESS



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 7453**

BIRTH NO. **52 P453**

1. NAME OF DECEASED (Type or Print) <b>Norman Banks</b>			2. DATE OF DEATH <b>Aug. 7, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>BALTIMORE</b>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Md</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 7-05</b>		
c. Length of stay in Baltimore <b>30</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1616 Mc Elderry St</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>COL</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>5-7-05</b>	9. AGE (In years last birthday) <b>47</b>	10. Under 1 Year Months: Days <b>31 -</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>San.</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>
13. FATHER'S NAME <b>CHARLES BANKS. Md.</b>			14. MOTHER'S MAIDEN NAME <b>ANNIE WILSON. Md</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>UNKNOWN UNKNOWN</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>			ADDRESS <b>WM. BANKS, 1085 LEXINGTON ST.</b>		

## CAUSE OF DEATH

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) <b>Myocardial Infarction</b> DUE TO  (B) <b>Arteriosclerotic Heart Disease</b> DUE TO  (C)	INTERVAL BETWEEN ONSET AND DEATH  <b>Estimated 2-3 wks</b>  <b>Unknown</b>
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II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>7</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8/7 1952</b> , to <b>8/7 1952</b> , that I last saw the deceased alive on <b>8/4</b> , 19 <b>52</b> , and that death occurred at <b>9:55</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>George A. Edwards M.D.</b>		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		23C. DATE SIGNED <b>8-7-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7-10-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>BROAD NECK CEM Md. County</b>	
24D. LOCATION (City, town or county) <b>Md.</b>		25. FUNERAL DIRECTOR <b>Wm. A. Jackson</b>		916 ADDRESS <b>PENNA. AVE</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 8 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Wm. A. Jackson</b>	

95099 450



300  
52 7454  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7454

1. NAME OF DECEASED (Type or Print) <b>GEORGIE WHITE</b>			2. DATE OF DEATH <b>8-8-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>BALTIMORE</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>BALTIMORE</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1511 MOSHER ST.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
Length of stay in Baltimore <b>40</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1511 MOSHER ST.</b>		
5. SEX <b>FEMALE.</b>	6. COLOR OR RACE <b>COL.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>2/12/1882</b>	9. AGE (In years last birthday) <b>63.</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LAUNDRESS</b>			11. BIRTHPLACE (State or foreign country) <b>ST. MARYS COUNTY, Md.</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13. FATHER'S NAME <b>JESSE WATERS, Md.</b>			14. MOTHER'S MAIDEN NAME <b>MARY ? Md.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>AGNESS SMITH, 1511 MOSHER ST.</b>			ADDRESS		

18. <b>450.0</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <b>Arteriosclerosis</b> DUE TO	
ANTECEDENT CAUSES	(B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Myocarditis</b>		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept</b> , 19 <b>51</b> , to <b>Aug 8</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Aug 8</b> , 19 <b>51</b> , and that death occurred at <b>6:30pm.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Gilbert L. Banfield</b>		23B. ADDRESS <b>722 N. Fulton Ave</b>		23C. DATE SIGNED <b>8/8/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>8- 52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>MT. CALVARY CEM.</b>	
24D. LOCATION (City, town, or county) (State) <b>A.A. COUNTY Md.</b>		25. FUNERAL DIRECTOR <b>WILLIAM A. JACKSON, 916 PENNA. AVE.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 8 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Withams, Md.</b>			

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# CERTIFICATE CORRECTED 8-18-52

## BALTIMORE CITY HEALTH DEPARTMENT

### CERTIFICATE OF DEATH

530  
52 7455  
BIRTH NO.

52 7455  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>FRED E LUND</b>		2. DATE OF DEATH <b>August 8, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>2624 St. Paul Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. LENGTH OF STAY IN BALTIMORE <b>21 1/2 Years</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2624 St. Paul Street</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. AGE (In years last birthday) <b>March 4 1900-1898 52</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Civil Engineer</b>		12. KIND OF BUSINESS OR INDUSTRY <b>Construction Business</b>	
13. FATHER'S NAME <b>Carl Lund</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mr. Donald Lund</b>		ADDRESS <b>Chicago Ill</b>	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Coronary occlusion</b> <b>Myocardial infarct</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *William H. Smith* M.D. 23B. CHIEF MEDICAL EXAMINER..... ☒ ASSISTANT MEDICAL EXAMINER..... ☐ MEDICAL INVESTIGATOR..... ☐ 23C. DATE SIGNED **Aug. 8, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Shipment** 24B. DATE **Aug. 8th 1952** 24C. NAME OF CEMETERY OR CREMATORY **Chicago Ill.** 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR **AUG 8 1952** REGISTRAR'S SIGNATURE *Huntington Williams* 25. FUNERAL DIRECTOR *Geo. H. Beyer Jr.* ADDRESS **1512 Hollins St. Baltimore 23 Md.**

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CHRYSLER CREDIT CORPORATION

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7456**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>WILLIAM J. SCOTT</b>		2. DATE OF DEATH <b>August 7, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>817 E. Chase Street</b>		E. LENGTH OF STAY IN BALTIMORE <b>Life</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>(Unknown)</b>
9. AGE (In years last birthday) <b>about 67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>	
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>William James Scott</b>		14. MOTHER'S MAIDEN NAME <b>Mary E. Slaysman</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>213-05-9952A</b>	
17. INFORMANT <b>Mr. William C. Scott-618 DeBaugh Ave.</b>		ADDRESS <b>Towson</b>	

IB. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William C. Scott</i>	23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <b>Aug. 8, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>8-9-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery</b>
24D. LOCATION (City, town, or county) <b>E. North Ave. Balto: Md.</b>		25. FUNERAL DIRECTOR <b>George J. Ruth, Inc. - 1735 Harford Avenue</b>

DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 8 - 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	ADDRESS <b>George J. Ruth, Inc. - 1735 Harford Avenue</b>
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1. The first part of the document is a list of names and addresses. The names are written in a cursive script, and the addresses are written in a more formal, printed style. The list is organized into two columns, with names on the left and addresses on the right.

2. The second part of the document is a list of names and addresses. The names are written in a cursive script, and the addresses are written in a more formal, printed style. The list is organized into two columns, with names on the left and addresses on the right.

3. The third part of the document is a list of names and addresses. The names are written in a cursive script, and the addresses are written in a more formal, printed style. The list is organized into two columns, with names on the left and addresses on the right.

4. The fourth part of the document is a list of names and addresses. The names are written in a cursive script, and the addresses are written in a more formal, printed style. The list is organized into two columns, with names on the left and addresses on the right.

5. The fifth part of the document is a list of names and addresses. The names are written in a cursive script, and the addresses are written in a more formal, printed style. The list is organized into two columns, with names on the left and addresses on the right.

6. The sixth part of the document is a list of names and addresses. The names are written in a cursive script, and the addresses are written in a more formal, printed style. The list is organized into two columns, with names on the left and addresses on the right.

130  
52 7457BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7457

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Annie L. Tall

2. DATE  
OF  
DEATH

Aug. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

024

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore 20-03 township)

D. STREET ADDRESS (If rural, give location)

2516 Lauretta Ave

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 19, 1920

9. AGE (In years  
last birthday)

32

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Greenville N.C.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Louis Patrick

14. MOTHER'S MAIDEN NAME

Annie Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
JOHNS HOPKINS HOSPITAL ✓

18. 443x and 002x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Acute cardiac failure

6 hr

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Hypertensive arteriosclerotic  
cardiovascular disease

8 mos.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Boeck's Sarcoid, Pulmonary tuberculosis

6 yr  
2 mo.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-30, 1952 to 8-7, 1952 that I last saw the  
deceased alive on 8-7, 1952, and that death occurred at 4:10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Richard N. Peeler M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

8-10-52

24C. NAME OF CEMETERY OR CREMATORY

Pine Street Cem.

24D. LOCATION (City, town, or county) (State)

F. H. Co.

N. C.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 8 - 1952

VS 150

Huntington Warrick, M.D.

C. R. Law

802 Madison Ave



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7458**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**MARY Lou VINNIE GAINOR**

2. DATE  
OF  
DEATH

**August 6, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**2110 FREDERICK AVE**

C. Length of stay in Baltimore

**75 YRS.**

Yrs.  
Mos.  
Days

5. SEX

**FEMALE**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**SINGLE**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Boxmaker**

10B. KIND OF BUSINESS OR INDUSTRY

**Box Mfg.**

13. FATHER'S NAME

**Edwin M. Gainor**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service)

**NO**

**NONE**

16. SOCIAL SECURITY NO.

**NONE**

8. DATE OF BIRTH

**Aug. 25, 1872**

9. AGE (In years last birthday)

**79**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

**MARYLAND**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

14. MOTHER'S MARDEN NAME

**EMMA Hedrick**

17. INFORMANT

ADDRESS

**EMMA Gainor 2110 Frederick Ave**

18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

**Hypertensive Heart Disease**

INTERVAL BETWEEN ONSET AND DEATH

**years**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

**Hypertension**

**years**

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Nephritis**

**years**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8/1/48**, to **8/6**, 19**52**, that I last saw the deceased alive on **8/6**, 19**52**, and that death occurred at **520 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

**C. Mendel**

23B. ADDRESS

**651 N Bentall**

23C. DATE SIGNED

**8/7/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**BURIAL**

24B. DATE

**Aug. 9, 1952**

24C. NAME OF CEMETERY OR CREMATORY

**London Park**

24D. LOCATION (City, town, or county) (State)

**Baltimore Md.**

DATE RECEIVED BY LOCAL REGISTRAR

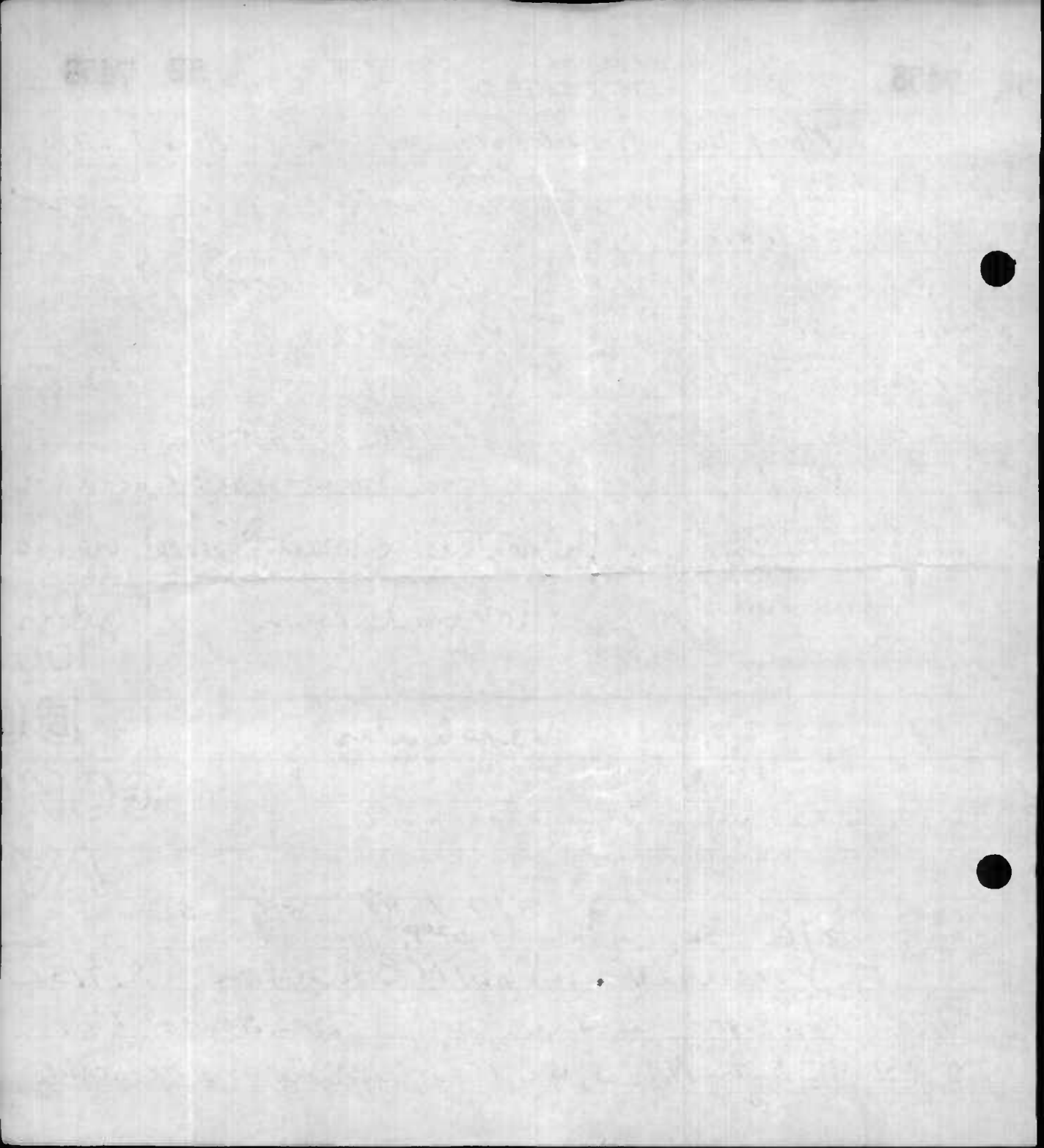
**AUG 9 - 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**Geo. L. Schwab 210, Frederick Ave.**



300  
52 7459

Woober  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7459

Registered No. \_\_\_\_\_

BIRTH NO. 52-17516

1. NAME OF DECEASED (Type or Print) <i>Baby Michael Woober</i>		2. DATE OF DEATH <i>8-7-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Cella</i>	
C. Length of stay in Baltimore <i>2</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>54 Cella Ave 5200</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE-MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>7-31-1952</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		9. AGE (In years last birthday) <i>2</i> If Under 1 Year: Months: Days: Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Wallace Woober</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		14. MOTHER'S MAIDEN NAME <i>Helen Carey</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT ADDRESS <i>Mr. Wallace Woober, Cella, Md.</i>	

18. <i>763.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>B. Pneumonia-aspiration</i> DUE TO <i>A. Septicemia</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____	CAUSE OF DEATH <i>B. Pneumonia-aspiration</i> DUE TO <i>A. Septicemia</i> (C) _____	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>7</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-6*, 19*52*, to *8-7*, 19*52*, that I last saw the deceased alive on *8-7*, 19*52* and that death occurred at *12:35* Am., from the causes and on the date stated above.

23A. SIGNATURE *George Otis* M. O. *St. Agnes Hospital* 23B. ADDRESS *St. Agnes Hospital* 23C. DATE SIGNED *8-7-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *Aug. 9, 1952* 24C. NAME OF CEMETERY OR CREMATORY *St. John's Cemetery* 24D. LOCATION (City, town, or county) (State) *Ellicott City, Md.*

DATE RECEIVED BY LOCAL REGISTRAR *AUG 9 - 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Easton Sons* ADDRESS *Ellicott City, Md.*

19520107456

MEDICAL CERTIFICATION

RECEIVED BY THE DIRECTOR

OFFICE OF THE DIRECTOR

OF THE BUREAU OF THE

INTERNAL SECURITY

OF THE DEPARTMENT OF

THE ARMY

WASHINGTON, D. C.

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7460**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**ALVERDA E. LIGHTNER**

2. DATE

OF DEATH **Aug. 6, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**161 N. Decker Avenue**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**161 N. Decker Avenue**

5. SEX

**F**

6. COLOR OR RACE

**W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH

**Sept. 12, 1890**

9. AGE (In years last birthday)

**61**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housework**

10B. KIND OF BUSINESS OR INDUSTRY

**at home**

11. BIRTHPLACE (State or foreign country)

**Baltimore, Md.**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13. FATHER'S NAME

**Samuel Chesney**

14. MOTHER'S MAIDEN NAME

**Alverda Walker**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**no**

16. SOCIAL SECURITY NO.  
**none**

17. INFORMANT **161 N. Decker Avenue 24**  
**Mr. Adam E. Lightner**

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Thrombosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **old coronary heart disease**

DUE TO

(C)

**3 yrs.**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **4/5/52**, 19\_\_, to **8/6/52**, 19\_\_, that I last saw the deceased alive on **8/6**, 19\_\_, and that death occurred at **9 P.** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

**burial**

**8/9/52**

**Mt. Carmel Cemetery**

**Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

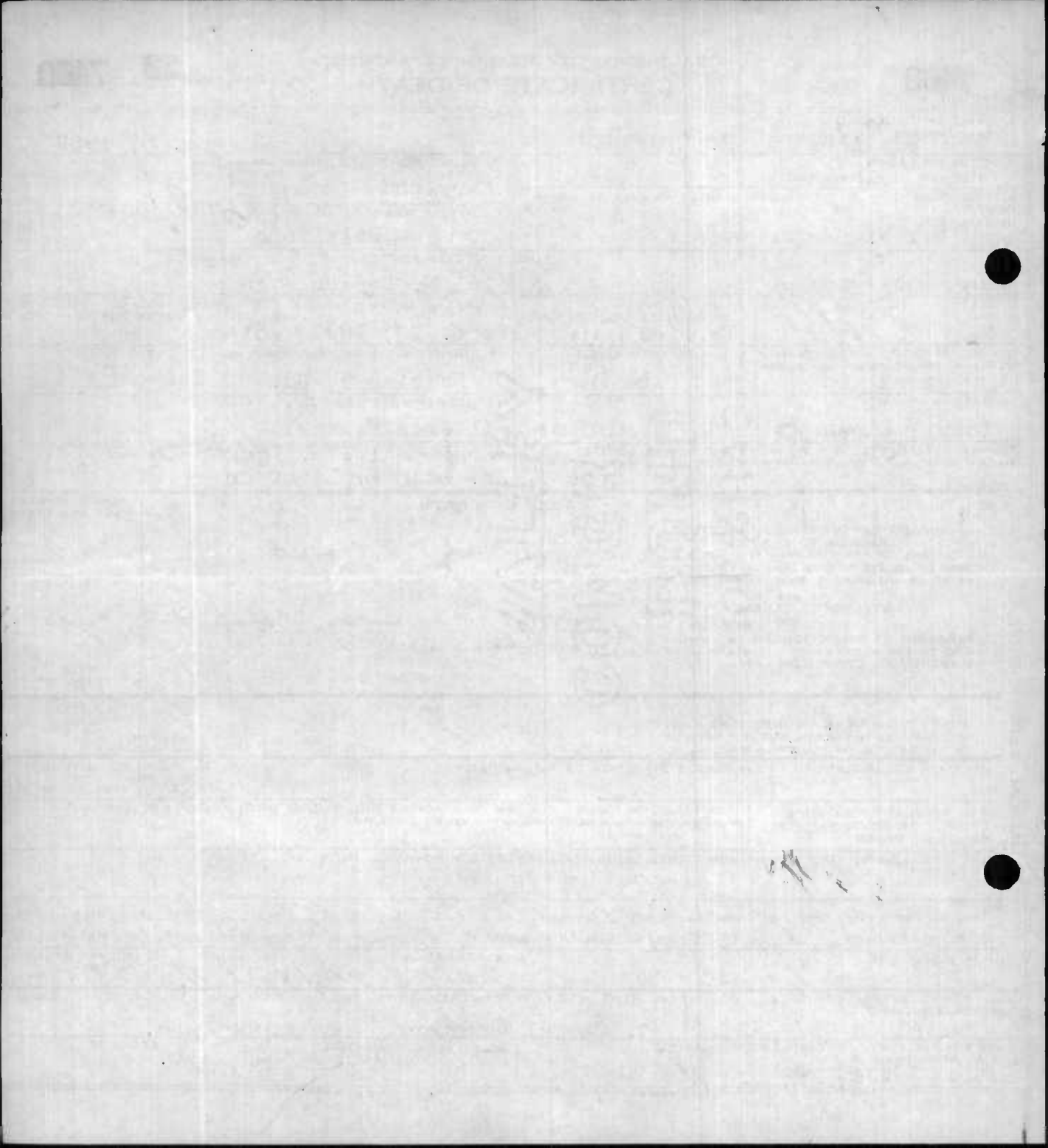
ADDRESS

**AUG 9 1952**

**Huntington Williams, M.D.**

**HENRY SANDER & SONS, INC.**

**BALTO, 13, MD**



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7461

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BARNEY LEWIS

2. DATE  
OF  
DEATH

8/7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hosp.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5500 Park Hts Ave.

Length of stay in Baltimore

55 Yrs.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

10/5/1873

9. AGE (In years  
last birthday)

78

10. Under 1 Year  
Months: Days: Hours: Min.

10 23

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

pharmacist

10B. KIND OF BUSINESS OR  
INDUSTRY

Drug Store

13. FATHER'S NAME

Maurice Lewis

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, an or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

No

17. INFORMANT

ADDRESS

F. Harold Lewis, 5500 Park Height ave

18. 591X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) shock

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) lower nephron nephrosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3, 1952 to 8/7, 1952 that I last saw the deceased alive on 8/7, 1952, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

with Harp

23C. DATE SIGNED

8-7-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

August 10, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county)

Belair Rd., Balti., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. GENERAL DIRECTOR

ADDRESS

David R. Martin, 1902 Putaw Place

AUG 9 - 1952

VS 150

Baltimore, Md.

19520807450

MEDICAL CERTIFICATION

1000

CERTIFICATE OF DEATH

1000



2

BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

52 7462

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
 (Type or Print)

*Baby (Boy) Timothy Lee Reilly*

2. DATE OF DEATH

*Aug 8, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*JOHNS HOPKINS HOSPITAL*

C. Length of stay in Baltimore

5. SEX

*male*

6. COLOR OR RACE  
*white*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *MD* B. COUNTY *Baltimore*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore*

D. STREET ADDRESS (If rural, give location)

*6433 Blenheim Rd*

8. DATE OF BIRTH

*7/21/52*

9. AGE (In years last birthday)

Months: *18* Days: *18*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Balto*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Joseph B. Reilly*

14. MOTHER'S MAIDEN NAME

*Mary C. Price*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

*JOHNS HOPKINS HOSPITAL*

ADDRESS

18. *763.5*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

*Broncho-pneumonia*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

*Prematurity*

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8/6* 19*52* to *8/8* 19*52*, that I last saw the deceased alive on *8/8* 19*52* and that death occurred at *11:30* P.M., from the causes and on the date stated above.

23A. SIGNATURE

*Albert W. Meacham*

23B. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

*8/9/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*8/9/52*

24C. NAME OF CEMETERY OR CREMATORY

*Cathedral*

24D. LOCATION (City, town, or county) (State)

*Balto Md*

DATE RECEIVED BY LOCAL REGISTRAR

*AUG 9 - 1952*

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*A. W. Meacham, Inc. Baltimore*

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7463

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. Michael Kapinos			2. DATE OF DEATH August 7, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital 1400 N. Caroline St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 2-01		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 404 S. Washington St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1897	9. AGE (In years last birthday) 60	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fletcher		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Sophia Kapinos		
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive C.V.D. DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral Hemorrhage DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 8/5 1952 to 8/7 1952, that I last saw the deceased alive on 8/7 1952, and that death occurred at 1:55 AM, from the causes and on the date stated above.					
23A. SIGNATURE Carlton F...			23B. ADDRESS 1400 N. Caroline St.		23C. DATE SIGNED 8/7/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug 11/52	24C. NAME OF CEMETERY OR CREMATORY St. Mary's		24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR AUG 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD		GENERAL DIRECTOR Fred M. Ozogowski	

CERTIFICATE OF DEATH

AND STATE OF NEW YORK

County of \_\_\_\_\_

Town of \_\_\_\_\_

City of \_\_\_\_\_

State of \_\_\_\_\_

Decedent's Name \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_

Time of Death \_\_\_\_\_

Place of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Signature of Physician \_\_\_\_\_

Signature of Coroner \_\_\_\_\_

Signature of Registrar \_\_\_\_\_

Signature of \_\_\_\_\_

Signature of \_\_\_\_\_

Signature of \_\_\_\_\_

Signature of \_\_\_\_\_

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Signature of \_\_\_\_\_

Signature of \_\_\_\_\_

Signature of \_\_\_\_\_

Signature of \_\_\_\_\_

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7464**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ELIZABETH MANUEL</b>			2. DATE OF DEATH <b>AUG 3, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>BALTIMORE MD.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>18 N BENTLOW ST</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 20-03</b>		
D. STREET ADDRESS (If rural, give location) <b>18 N BENTLOW ST</b>			E. LENGTH OF STAY IN BALTIMORE		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>2/7/1870</b>		9. AGE (In years last birthday) <b>82</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Greenville Tenn.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13. FATHER'S NAME <b>James Wilson</b>		
14. MOTHER'S MAIDEN NAME <b>Julia Wilson</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT <b>18 N Bentlow St</b>		

**CAUSE OF DEATH**

18. <b>446-X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) <b>Brunchopneumonia</b> DUE TO ANTECEDENT CAUSES (B) <b>C. hepatitis with arteriosclerosis</b> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>1 year</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Aug 2, 1952</b> to <b>Aug 3, 1952</b> , that I last saw the deceased alive on <b>Aug 3, 1952</b> and that death occurred at <b>8:40 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>John E. J. Camper M.O.</b>		23B. ADDRESS <b>1239 N Carey St</b>		23C. DATE SIGNED <b>8-6-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Aug 7, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Arboretum Memorial Baltimore, Md</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. STATE <b>Md</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, Mrs. Kate R. Williams Schroeder</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 9 - 1952</b>		VS 150			

MEDICAL CERTIFICATION

Blank lined paper with two binder holes on the right side.

525  
52 7465

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7465  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mollie Johnson

2. DATE  
OF  
DEATH

Aug 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission)  
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore Md

D. STREET ADDRESS (If rural, give location)  
2024 Schward

C. Length of stay in Baltimore

2

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1903

9. AGE (In years last birthday)

49

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Monson N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Ellen Allen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Wm Johnson 2024 Schward

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage 16 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1952, to Aug 5, 1952, that I last saw the deceased alive on Aug 5, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Wm Johnson

515 N. Huntington

8/12/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

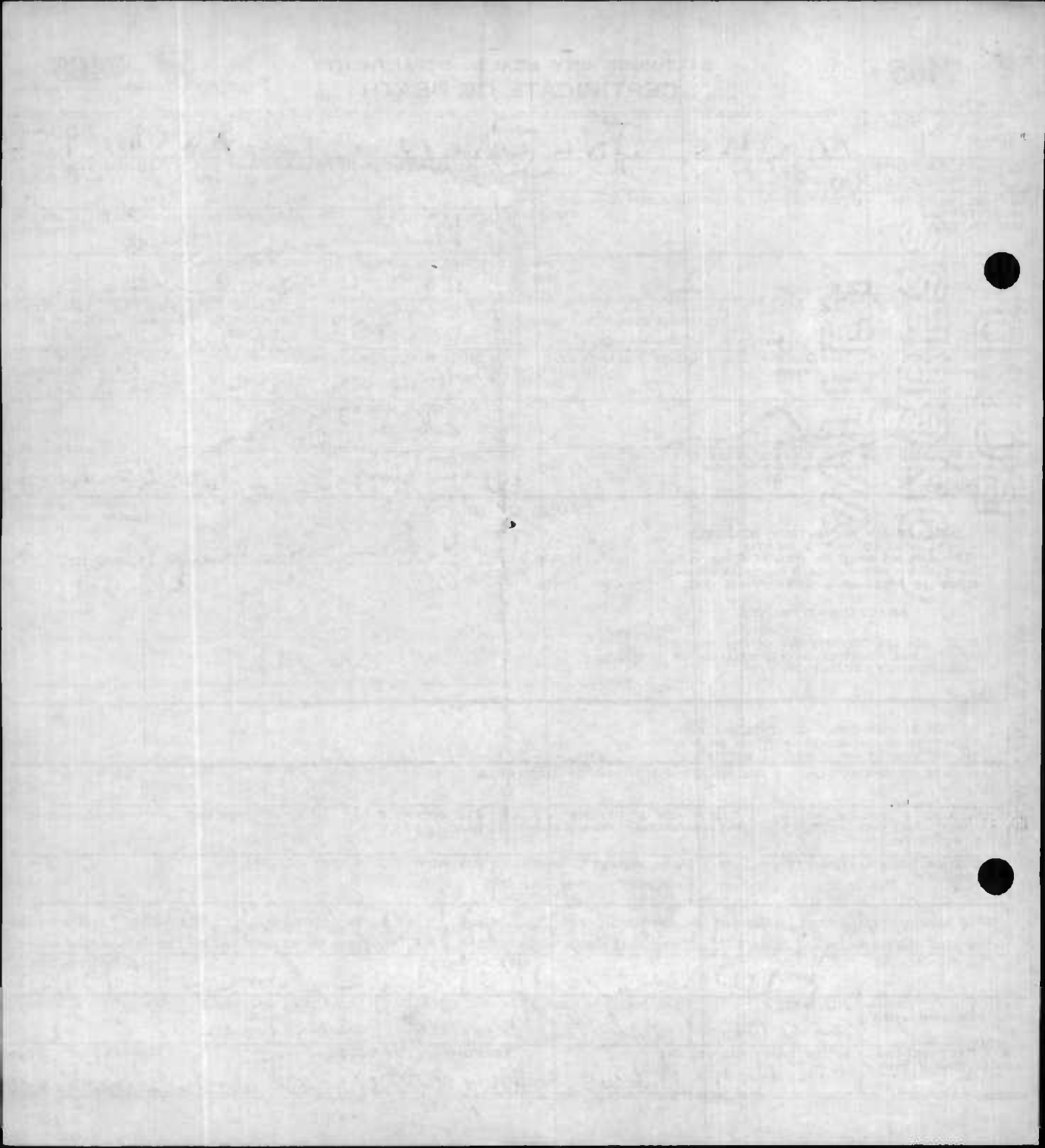
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Aug 9 1952

Huntington Williams, M.D. Mrs. Kate R. Williams, Schward St



650  
52 7466  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7466

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ELLA BROWN		August 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		A. STATE Maryland	
Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) Baltimore	
Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2134 N. Howard Street	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 64
13. FATHER'S NAME Louis Wright		11. BIRTHPLACE (State or foreign country) Florence S. C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO.		17. INFORMANT Ada Wright Meyers	
		ADDRESS Brooklyn, N. Y.	

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

nl.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

August 6, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



52702d. Evans Case  
52 7467

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7467

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Hings

2. DATE  
OF  
DEATH

Aug 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Acc. Room

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 6-05

D. STREET ADDRESS (If rural, give location)

1731 Jefferson St.

Length of stay in Baltimore

15 yrs.

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan 14, 1914

9. AGE (In years last birthday)

38

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salmon

10B. KIND OF BUSINESS OR INDUSTRY

on Gen.

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

James Hings

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 023X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Left Ventricular Failure 1-2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Syphilitic Aortic Insufficiency

(C) Syphilis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-5, 1952, to 8-5, 1952, that I last saw the deceased alive on 8-5, 1952, and that death occurred at 505A m., from the causes and on the date stated above.

23. SIGNATURE

Arthur F. W. Woodward

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24B. DATE

8-9-52

24C. NAME OF CEMETERY OR CREMATORY

mt cherry cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn ny

DATE RECEIVED BY LOCAL REGISTRAR

AUG 9 - 1952

REGISTRAR'S SIGNATURE

Huntington W. Hings

25. FUNERAL DIRECTOR

Clay Williams Beauty and

ADDRESS

Released to Hospital 8/9/52

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE  
*R. H. Fisher*  
CHIEF OR ASST. MEDICAL EXAMINER M.D.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7468**

**152**  
**52 7468**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>THOMAS S. EVANS</b>			2. DATE OF DEATH <b>July 28, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Morgue</b>			C. CITY OR TOWN (If outside corporate limits, write TOWNSHIP and give township) <b>BALTIMORE</b>		
Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>1256 E. North Ave</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 9, 1885</b>	9. AGE (In years last birthday) <b>67</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Truck Rental Co.</b>		
11. BIRTHPLACE (State or foreign country) <b>BALTIMORE, Md</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>AMOS H. EVANS</b>			14. MOTHER'S MAIDEN NAME <b>JENNIE STEEL</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mrs. Mary Evans</b>			ADDRESS <b>3017 N. Calvert St.</b>		

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <b>Arteriosclerotic Cardiovascular Disease</b>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William W. ...</i>	23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <b>7/28/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>Aug. 9, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 9 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	24D. LOCATION (City, town, or county) (State) <b>Pikesville, Md.</b>
25. FUNERAL DIRECTOR <i>John O. Mitchell</i>		ADDRESS <b>1900 E. ... Place</b>

39052

F. H. Jones

1. The first part of the book

is

the

second part

of the

book is the third part

of the book

is the fourth part

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400  
7469To be approved by Medical Examiner  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7469

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John J. Bohli

2. DATE  
OF  
DEATH

Aug 8 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or location)

4912 Arabia Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

4912 Arabia Ave

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

12-16-1886

9. AGE (In years  
last birthday)

65

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Mechanic

10B. KIND OF BUSINESS OR  
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Ignatius Bohli

14. MOTHER'S MAIDEN NAME

Philomina Kircher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

312-09-8122

17. INFORMANT

ADDRESS

John S. Bohli, Jr. 2938 Edgewood Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

Few hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardiovascular Disease 4 yrs  
with Decompensation

(C)

CERTIFICATION APPROVED BY

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

R. Fisher M.D.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8, 1952 to Aug 15, 1952, that I last saw the deceased alive on Aug 15, 1952, and that death occurred at 1:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Thomas Brennan

M. D.

5217 Harford Rd

8.9.52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 9 - 1952

Huntington Williams, M.D.

L. J. Rockafors 4305 Harford Rd

VS 150

1952 054437 466

MEDICAL CERTIFICATION



652  
52 7470BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7470

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MICHAEL EMMET PRENGER

2. DATE  
OF  
DEATH

8-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

5405 Willowmere Way

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Inspector

10B. KIND OF BUSINESS OR INDUSTRY

B &amp; O RR.

13. FATHER'S NAME

John Prenger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yes

WW-1

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

1888

9. AGE (in years  
last birthday)

64

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Ellen Brennan

17. INFORMANT

ADDRESS

Miss Lillian Prenger-

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Recurrent coronary occlusion

3 hr

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....

arterial coronary occlusion

5 yr.

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic duodenal ulcer

10 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to Aug 8, 1952, that I last saw the deceased alive on Aug 8, 1952, and that death occurred at 2:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

8-11-52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem

24D. LOCATION (City, town, or county)

City

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 9 - 1952

Huntington Williams, M.D.

WIEDEFFELD &amp; SON

GREENMOUNT AVE &amp; 22ND

VS 150

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RECEIVED  
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U.S. AIR FORCE

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V-514  
52 7471

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7471  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mrs. Mary Venables</b>			2. DATE OF DEATH <b>8/9/1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>YES</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bon Secours Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Fort Howard - Md. Box 67</b>		
D. STREET ADDRESS (If rural, give location) <b>Box #67</b>			5. LENGTH OF STAY IN BALTIMORE <b>5300</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4/19/1904</b>	9. AGE (In years last birthday) <b>48</b>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <b>James Keeley</b>			14. MOTHER'S MAIDEN NAME <b>Jane Driscoll</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>(No)</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Clarence Venables</b>			ADDRESS <b>Fort Howard, Md. Box 67</b>		

18. **175X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinomatosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Carcinoma of the ovary**

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Aug 6, 1952** to **Aug 9, 1952** that I last saw the deceased alive on **Aug 9, 1952** and that death occurred at **5:46 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

DATE RECEIVED BY LOCAL REGISTRAR

SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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H-325  
52 7472  
BIRTH NO. 52-16176  
CERTIFICATE CORRECTED 9/18/52 ES

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

52 7472  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>MICHAEL THOMAS HUTSON.</b>			2. DATE OF DEATH <b>9<sup>th</sup> Aug. '52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore, Md.</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>MERCY HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 26-10</b>		
D. STREET ADDRESS (If rural, give location) <b>3259 E. Baltimore St.</b>			Yrs. Mos. Days		
5. SEX <b>M</b>			6. COLOR OR RACE <b>W.</b>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>			8. DATE OF BIRTH <b>14<sup>th</sup> July '52</b>		
9. AGE (In years last birthday) <b>1</b>			10. Under 1 Year Months Days		
11. Under 24 Hours Hours Min.			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>EDWIN FRANCIS HUTSON.</b>			14. MOTHER'S MAIDEN NAME <b>ELIZABETH D. ROSEL</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Edwin Hutson</b>			ADDRESS <b>3259 E Baltimore</b>		

18. <b>057.0</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	<b>MENTINGOCOCITIS</b> (A) <b>Meningitis</b>	<b>29 hrs</b>
ANTECEDENT CAUSES	(B) <b>Cardiac Failure</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8 Aug.**, 19**52**, to **9<sup>th</sup> Aug.**, 19**52**, that I last saw the deceased alive on **9<sup>th</sup> Aug 1952**, and that death occurred at **3:10 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>M. K. Quinn</b>	23B. ADDRESS <b>Mercy Hospital</b>	23C. DATE SIGNED <b>9<sup>th</sup> Aug. '52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24B. DATE <b>Aug 11 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	24D. LOCATION (City, town, or county) (State) <b>Balto</b>
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Ulrich &amp; Home</b>	ADDRESS <b>2142 Dundalk</b>
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AUG 10 1952

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See Document File 52-7472

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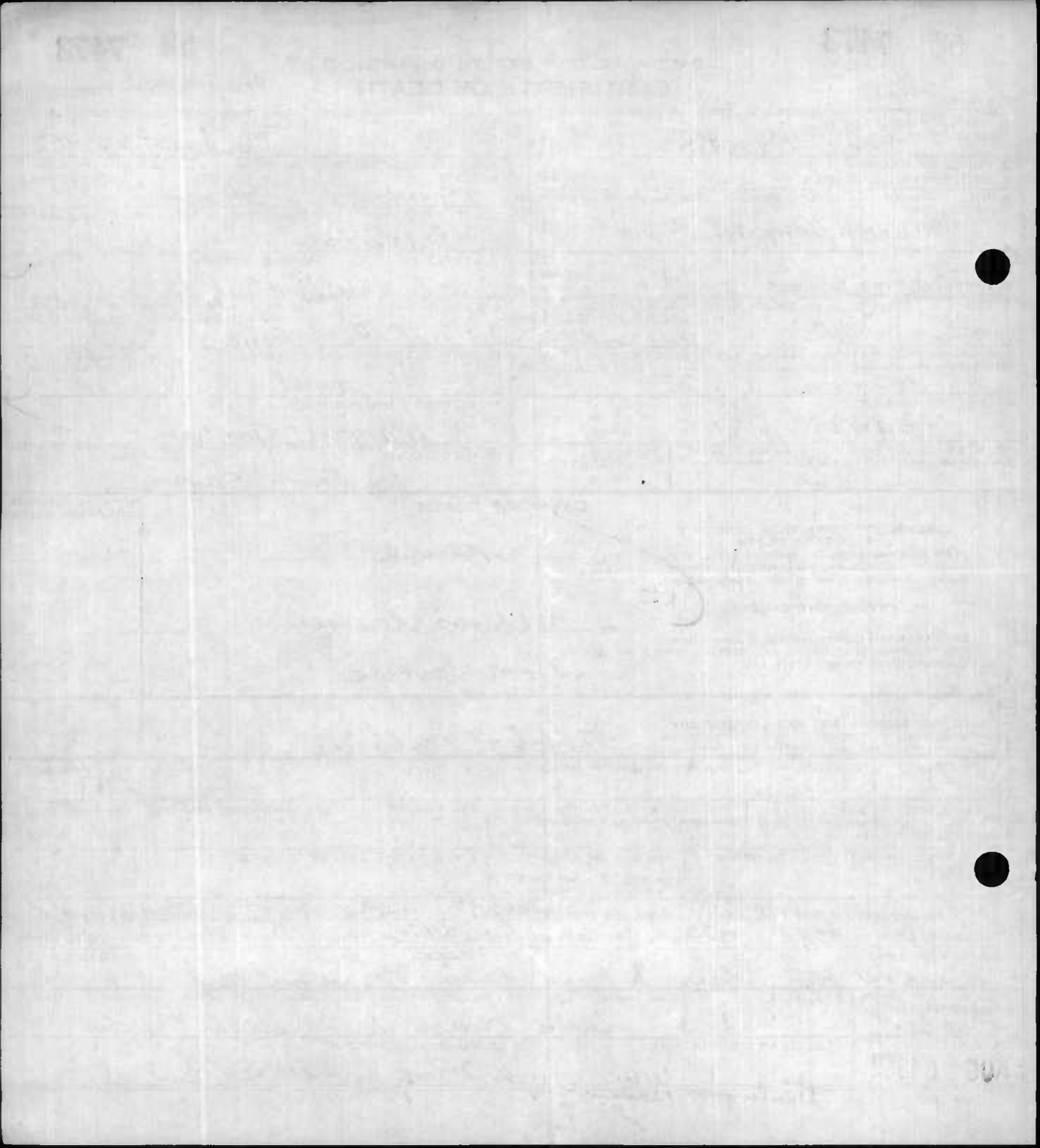
52 7473  
B-620  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7473  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Jennie Brooks</i>			2. DATE OF DEATH <i>August 8, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland /			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
5. Length of stay in Baltimore <i>1 yr</i>			D. STREET ADDRESS (If rural, give location) <i>1506 Tunlaw Road, Balto-18, Md</i>		
6. SEX <i>Female</i>	7. COLOR OR RACE <i>white</i>	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	9. DATE OF BIRTH <i>Oct 9, 1870</i>	10. AGE (In years last birthday) <i>81 yrs</i>	11. Under 1 Year Months: Days: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY —		
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			13. BIRTHPLACE (State or foreign country) <i>Maryland</i>		
14. FATHER'S NAME <i>Edward Watts</i>			15. MOTHER'S MAIDEN NAME <i>Margaret Gardiner</i>		
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			17. SOCIAL SECURITY NO.		
18. INFORMANT <i>daughter</i>			19. ADDRESS <i>same</i>		

18. <i>446X and 260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Uremia</i>		DUE TO		<i>3 days</i>	
ANTECEDENT CAUSES		(B) <i>Nephrosclerosis</i>		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>arteriosclerosis</i>		DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Diabetes mellitus</i>			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Aug 5</i> , 19 <i>52</i> , to <i>Aug 8</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Aug 7</i> , 19 <i>52</i> , and that death occurred at <i>5:45 a</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Harvey S. Green, Jr.</i>		23B. ADDRESS <i>Union Memorial Hosp.</i>		23C. DATE SIGNED <i>8-8-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8/11/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i>	
				24D. LOCATION (City, town, or county) (State) <i>Pikesville Md.</i>	

DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 10 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm Cook Inc. 1219 St. Paul St.</i>	
VS 150					



R-140  
52 7474BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

FRANK JOSEPH RIPPLE

2. DATE  
OF  
DEATH

August 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR US Public Health Service location)  
INSTITUTION Wyman Pk. Drive & 31st Street4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Maryland B. COUNTY before admission)C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore 23-01 township)

D. STREET ADDRESS (If rural, give location)

1335 S. Hanover street

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

1/14/84

9. AGE (In years  
last birthday)

68

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR  
INDUSTRY

US Gov't.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
USA

13. FATHER'S NAME

Leonard J. Ripple

14. MOTHER'S MAIDEN NAME

Nellie Mc-Kow ELIZ. KRIES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.  
None

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 163X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Lobar pneumonia, left lower

DUE TO

3 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Carcinoma, right lung

DUE TO

2 yrs.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 6, 1952 to Aug. 7, 1952 that I last saw the  
deceased alive on Aug. 7, 1952, and that death occurred at 1:50P m., from the causes and on the date stated above.

23A. SIGNATURE

J.A. Hunter, Clinical Director

M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

8/7/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

STATE OF NEW YORK

1914

DECEASED

SEX

AGE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Minister

Signature of Burial Officer

Signature of Undertaker

Signature of Cemetery

Signature of Interment

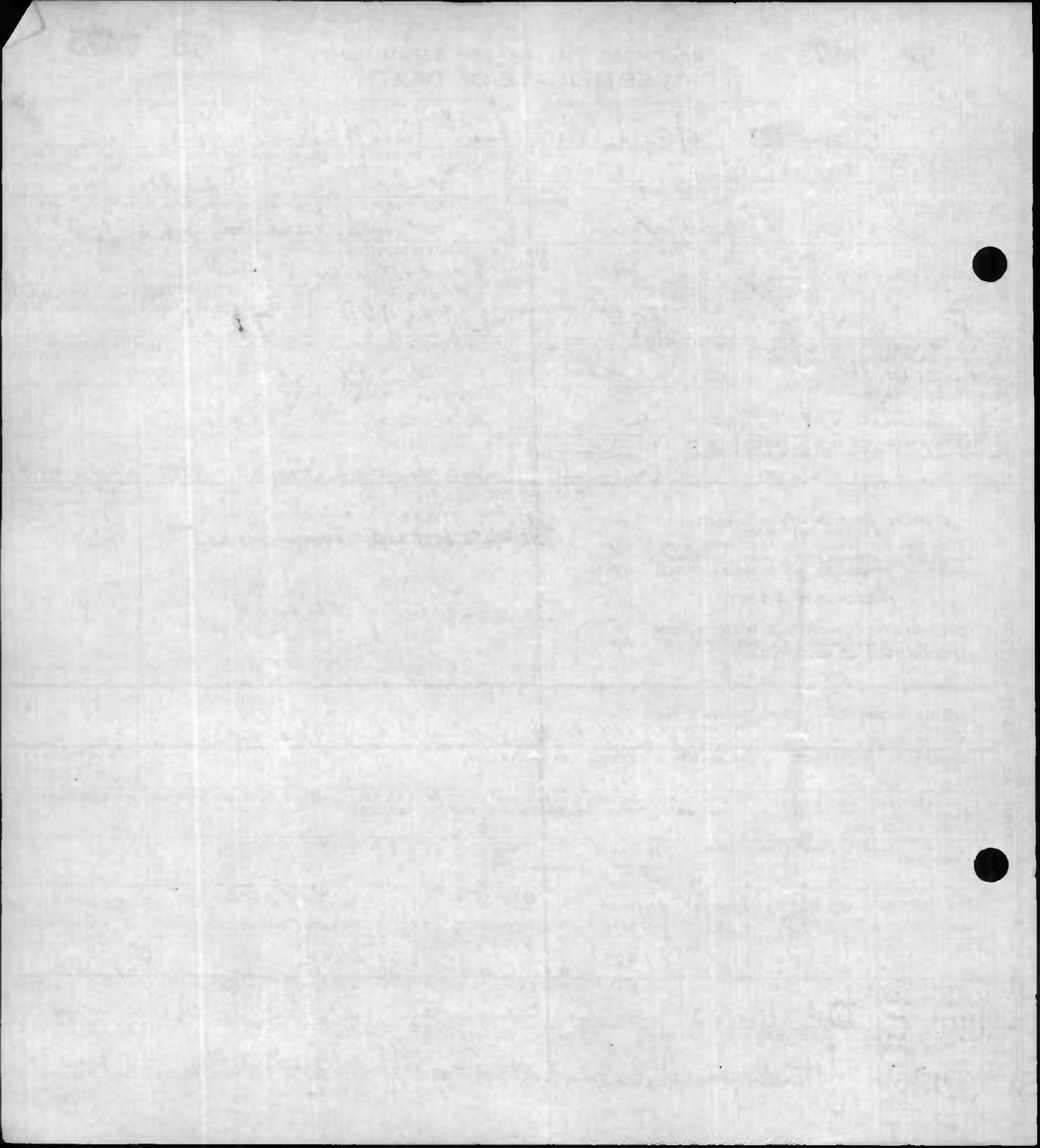
Signature of Burial

Signature of Burial

F-260  
52 7475BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHX 52 7475  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <del>Fischer</del> Hedwig L. FISCHER			2. DATE OF DEATH 8/8/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Sinai Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY X Baltimore.		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Middle River		
C. Length of stay in Baltimore since 1904			D. STREET ADDRESS. (If rural, give location) Red Green Road 5354		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 12/15/80	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY own home		
11. BIRTHPLACE (State or foreign country) Germany			12. CITIZEN OF WHAT COUNTRY? Germany		
13. FATHER'S NAME Christian H. Kunde			14. MOTHER'S MAIDEN NAME Louise S. Hagen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Mrs. Rudolph Fischer - 8805 Highland Rd.			ADDRESS		
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH metastatic Carcinoma <del>metastatic Ca from breast</del> (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Carcinoma of Breast DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH 8/4/52 8/8/52		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute pulmonary edema					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/7/52, 19__, to 8/8/52, 19__, that I last saw the deceased alive on 8/8/52, 19__, and that death occurred at 7:00 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Malcolm L. Robbins M.D.			23B. ADDRESS Sinai Hosp.		23C. DATE SIGNED 8/8/52
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Aug. 11, 1952		24C. NAME OF CEMETERY OR CREMATORY Zion Lutheran Cem.	
24D. LOCATION (City, town, or county) Baltimore		24E. LOCATION (City, town, or county) Stearns River, Md.			
DATE RECEIVED BY LOCAL REGISTRAR AUG 10 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Funeral Home, 7401 Belair Rd.	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Mr. Daniel Dore Sr.</b>			2. DATE OF DEATH <b>8/8/1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>YES</b>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bon Secours Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>350 Stratford Road-28</b>			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7/16/1902</b>		9. AGE (In years last birthday) <b>50</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Time-Keeper</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>PISTON RINGS</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>
13. FATHER'S NAME <b>Dennis Dore</b>			14. MOTHER'S MAIDEN NAME <b>Catherine Maskell</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>—</b>			16. SOCIAL SECURITY NO. <b>105-05-0991</b>		
17. INFORMANT <b>GRACE DORE - 350 STRATFORD RD</b>			ADDRESS <b>350 STRATFORD RD</b>		

18. <b>526X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <b>Mediastinal Emphysema</b>		DUE TO		<b>24 hr.</b>	
(B) <b>Spontaneous Pneumothorax</b>		DUE TO		<b>24 hr.</b>	
(C) <b>Bronchiectasis</b>		DUE TO		<b>20 yrs.</b>	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

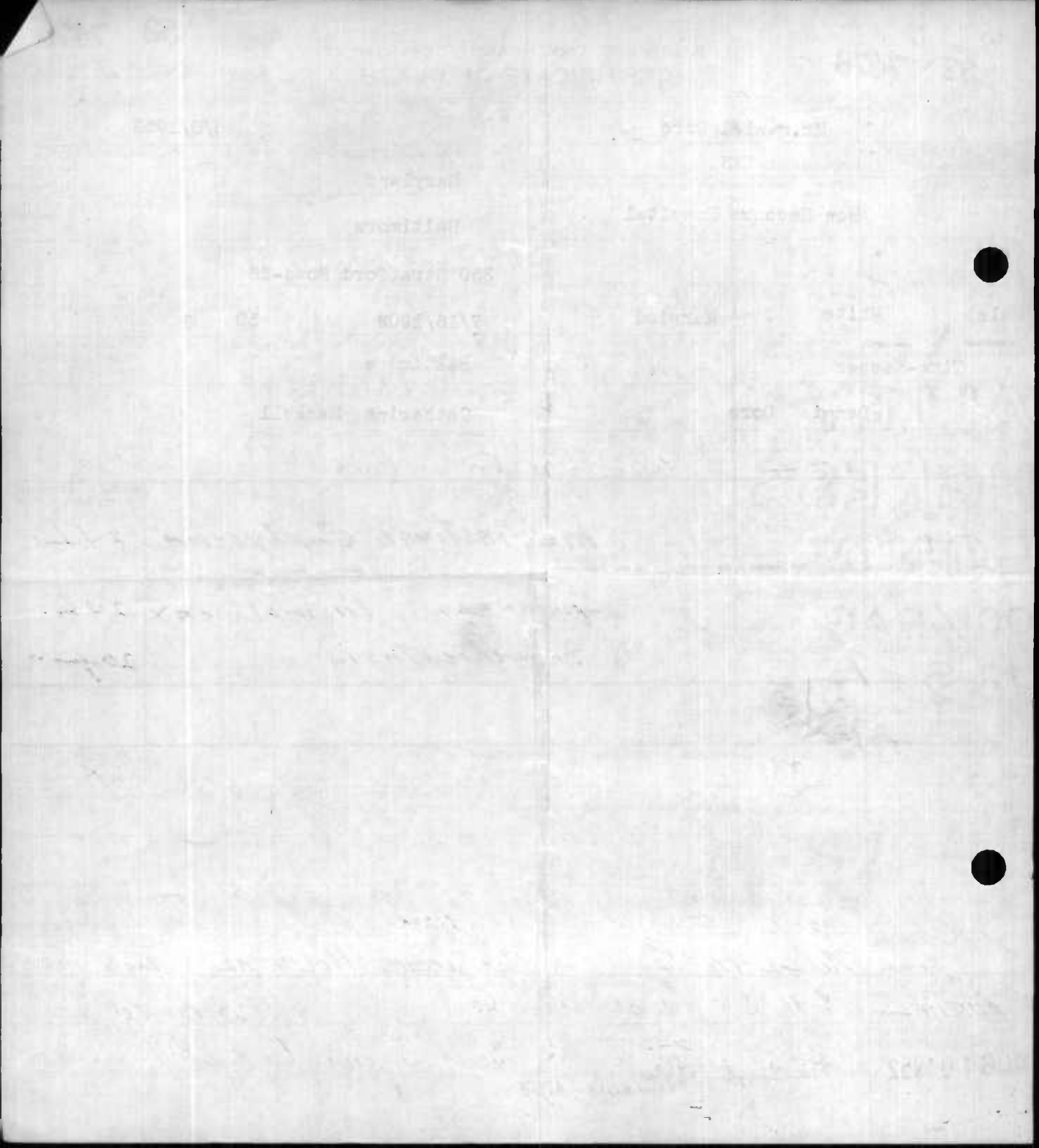
19A. DATE OF OPERATION <b>7</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 7, 1952, to Aug 8, 1952, that I last saw the deceased alive on Aug 8, 1952, and that death occurred at 1:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE <b>John Nelson McKee</b>		23B. ADDRESS <b>BON SECOURS HOSPITAL</b>		23C. DATE SIGNED <b>Aug 8, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>8-10-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cem</b>	
24D. LOCATION (City, town, or county) <b>old Frederick Rd</b>		24E. (State) <b>MD</b>		24F. (City, town, or county) <b>Baltimore</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 10 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, MD</b>		25. FUNERAL DIRECTOR <b>Thomas J. Kennedy</b>	
VS 150				ADDRESS <b>1600 Hollins St</b>	

3903L



M-620  
52 7477

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7477  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>FRANK GRESKA</b>			2. DATE OF DEATH <b>August 7, 1952.</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland 912 S. Conkling St.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>912 S. Conkling St. 26-09</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>December 2, 1898</b>	9. AGE (In years last birthday) <b>53</b>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Co-Operative Fert. Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Casper Greska</b>		14. MOTHER'S MAIDEN NAME <b>Margaret Ginkel</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>216-03-5324</b>		17. INFORMANT <b>George Greska</b>	
18. <b>163X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of lung</b> CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		19. DATE OF OPERATION <b>0</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LAYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June 2, 1952</b> to <b>Aug. 7, 1952</b> , that I last saw the deceased alive on <b>7</b> , 1952, and that death occurred at <b>8:30 P.M.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>James H. Gaskel</b>		23B. ADDRESS <b>637 S. Conkling St</b>		23C. DATE SIGNED <b>Aug. 9 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>August 11, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>4430 Belair Rd. Balto., Md.</b>		25. FUNERAL DIRECTOR <b>Charles J. Zeiler</b>		ADDRESS <b>901 S. Conkling St.</b>	

MEDICAL CERTIFICATION

57634R 7477

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of ...

City of ...

Decedent's Name ...

Age ...

Sex ...

Marital Status ...

Occupation ...

Place of Birth ...

Date of Death ...

Time of Death ...

Place of Death ...

Cause of Death ...

Signature of Physician ...

Signature of Coroner ...

Signature of Registrar ...

Signature of ...

Signature of ...

Signature of ...

Signature of ...

Signature of ...

Signature of ...

Signature of ...

Signature of ...

Signature of ...

W-226  
52 7478BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Weckesser

52 7478

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charles F. Weckesser</i>		2. DATE OF DEATH <i>Aug: 7/1952</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>2614 Lehigh St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City 20-05</i>	
6. LENGTH OF STAY IN BALTIMORE <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2614 Lehigh Street</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 14/1886</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Drug Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>Drug Co.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John F. Weckesser</i>		14. MOTHER'S MAIDEN NAME <i>Ann Felder</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>319-07-1589</i>	
17. INFORMANT <i>Marjaret E. Weckesser</i>		ADDRESS <i>Stam</i>	

18. <i>420.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Angina Pectoris</i> DUE TO ANTECEDENT CAUSES <i>Arterio Sclerosis</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i> <i>5 yrs</i>
--	--	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Apr*, 19*50*, to *7 Aug*, 19*52*, that I last saw the deceased alive on *7 Aug*, 19*52*, and that death occurred at *7 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Marjaret E. Weckesser</i>	23B. ADDRESS <i>3534 Ellerslie Ave</i>	23C. DATE SIGNED <i>9 Aug 52</i>
--	---	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Aug 11/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Haven</i>	24D. LOCATION (City, town, or county) (State) <i>Ad. Co. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>F. B. Thuppert &amp; Son</i>	ADDRESS <i>390 4th St. Eutaw Place</i>

G-101992

4 Copies for Mr. [illegible]  
1 Copy for Mr. [illegible]  
3 - Mr. [illegible]  
1 Copying - [illegible]

B-630

52 7479

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHX 52 7479  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Winfield SAM. Barrett

2. DATE  
OF  
DEATH

AUG - 8 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Pylesville

D. STREET ADDRESS (If rural, give location)

Pylesville Md. 5300

c. Length of stay in Baltimore

2 weeks Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

9-12-77

9. AGE (in years  
last birthday)

74

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Harmer

10B. KIND OF BUSINESS, OR  
INDUSTRY

For Self

11. BIRTHPLACE (State or foreign country)

Cambria Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1 and 260X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

(A)

Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

(C)

years

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

8-1-52

19B. MAJOR FINDINGS OF OPERATION

Arteriosclerosis

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24-1952 to 8-8-1952, that I last saw the  
deceased alive on 8-8-1952, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Leon R. Williams M.D.

JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 10 1952

Winnington, Williams, Md.

John J. Cowan Son, Hollis

100107 876

MINISTRE DE LA SANTE  
CERTIFICATE OF DEATH

1970

1. Name of deceased: *John William Smith*  
2. Date of birth: *15/03/1925*  
3. Sex: *M*  
4. Date of death: *10/11/1970*  
5. Place of death: *Home*  
6. Cause of death: *Myocardial infarction*  
7. Duration of illness: *2 weeks*  
8. Name of attending physician: *Dr. J. A. Brown*  
9. Name of medical officer: *Dr. J. A. Brown*  
10. Name of registrar: *Dr. J. A. Brown*

11. Name of informant: *John William Smith*  
12. Address: *123 Main Street, Toronto, Ontario*  
13. Signature of informant: *[Signature]*  
14. Signature of medical officer: *[Signature]*  
15. Signature of registrar: *[Signature]*

16. Name of informant: *John William Smith*  
17. Address: *123 Main Street, Toronto, Ontario*  
18. Signature of informant: *[Signature]*  
19. Signature of medical officer: *[Signature]*  
20. Signature of registrar: *[Signature]*

21. Name of informant: *John William Smith*  
22. Address: *123 Main Street, Toronto, Ontario*  
23. Signature of informant: *[Signature]*  
24. Signature of medical officer: *[Signature]*  
25. Signature of registrar: *[Signature]*

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 7480  
Registered No. 52 7480

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Charles B. Jenkins

2. DATE

OF

DEATH August 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland South Balto Gen Hosp

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

South Baltimore General Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

2306 Southern Ave 27-03

C. Length of stay in Baltimore

Yrs.

Mos.

Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

M

W

M

10-22-1889

62

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Bookkeeper

Booth Steel

Trenton N.J.

13. FATHER'S NAME

mill (m)

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Kate T. Jenkins - 2306 Southern Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery occlusion with myocardial infarction

hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis heart disease

years

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8-8-1952 to 8-8-1952, that I last saw the deceased alive on 8-8-1952 and that death occurred at 5:31 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Agustin del Campo

M. D.

1213 Light St.

8-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 10 1952

Huntington Williams, MD

Leonard J. Rauch

5305 Harford Rd

3103A

MEDICAL CERTIFICATION

534

*[Faint, mostly illegible text spanning the body of the page, possibly bleed-through from the reverse side.]*

D-620  
52 7481BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7481

Registered No.

BIRTH NO.

DORSEY

1. NAME OF DECEASED  
(Type or Print)

DORSEY, MARY - T.

2. DATE  
OF  
DEATH

8/9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

University of Md Hosp

C. Length of stay in Baltimore

43

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2/2/09

9. AGE (In years  
last birthday)

43

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF  
WHAT COUNTRY?

US

13. FATHER'S NAME

Wm. Ford

14. MOTHER'S MARDEN NAME

Catherine Toolen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Howard L. Dorsey

ADDRESS

18. 237X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Internal Hydrocephalus

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Block at Sylvian Aqueduct  
Posterior Fossa Tumor

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6/19/52

19B. MAJOR FINDINGS OF OPERATION

Block at Sylvian Aqueduct

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1952, to 8/9, 1952 that I last saw the  
deceased alive on 8/8, 1952, and that death occurred at 2:45 Pm., from the causes and on the date stated above.

23A. SIGNATURE

G. Alderman

M. O.

23B. ADDRESS

Univ. Hosp

23C. DATE SIGNED

8/9/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

8-12-52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balt

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ly. Duck 5205 Harford Rd

VS 150

19520107470

MEDICAL CERTIFICATION

1901

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

*[Faint, illegible text and markings on a death certificate form, including fields for name, date, and cause of death.]*

44-5  
52 7482

WILLHELM  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7482  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>ELIZABETH WILLHELM</u>			2. DATE OF DEATH <u>August 9, 1952</u>		
3. PLACE OF DEATH: a. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Baltimore</u>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
d. Length of stay in Baltimore <u>Life</u>			e. STREET ADDRESS (If rural, give location) <u>1200 Valley St</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>28 Oct, 1881</u>	9. AGE (In years last birthday) <u>70</u>	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Michael Meskill</u>			14. MOTHER'S MAIDEN NAME <u>Mary Noonan</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Little Sister of the Poor</u>		

CAUSE OF DEATH

18. <u>561.3</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Strangulated Incisional Hernia</u> DUE TO (A) ..... ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ..... (C) .....	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Auricular Fibrillation</u>	

19a. DATE OF OPERATION <u>August 4, 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hernia Strangulated, Ventral</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>August 4, 1952</u> , to <u>August 9, 1952</u> , that I last saw the deceased alive on <u>August 9, 1952</u> , and that death occurred at <u>4:40 P.m.</u> , from the causes and on the date stated above.		
23a. SIGNATURE <u>H. A. Allen</u>	23b. ADDRESS M. O.	23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 11, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S. Holy Cross</u>	24d. LOCATION (City, town, or county) (State) <u>Baltimore</u>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <u>Huntington Williams, MD</u>	25. FUNERAL DIRECTOR <u>Rita Windfeld</u>	ADDRESS <u>900 E. Biddle St</u>
AUG 10 1952			

SECRET

REF

ATTENTION: SECURITY



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 7483**

BIRTH NO. **52 7483**

1. NAME OF DECEASED (Type or Print) <b>ELLA E. SHEA</b>		2. DATE OF DEATH <b>August 8, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>9 E. Center Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 11-02</b>	
D. STREET ADDRESS (If rural, give location) <b>9 E. Center Street</b>		5. DATE OF BIRTH <b>Aug. 24, 1887</b>	
6. LENGTH OF STAY IN BALTIMORE <b>Yrs. Mos. Days</b>		9. AGE (In years last birthday) <b>64</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>	12. CITIZEN OF WHAT COUNTRY?
10B. KIND OF BUSINESS OR INDUSTRY	13. FATHER'S NAME <b>James T. Shea</b>	14. MOTHER'S MAIDEN NAME <b>Bridget Kilmurry</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mrs. Agnes Moore 756 Melville Ave</b>	

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> DUE TO (A) <b>Arteriosclerotic cardiovascular disease</b> DUE TO (B) <b>Arteriosclerotic cardiovascular disease</b> DUE TO (C) <b>Arteriosclerotic cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <b>Arteriosclerotic cardiovascular disease</b> DUE TO (C) <b>Arteriosclerotic cardiovascular disease</b>		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Williams</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Aug. 8, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Aug. 12, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St Joseph's</b>	24D. LOCATION (City, town, or county) (State) <b>Texas Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 10 1952</b>		25. FUNERAL DIRECTOR ADDRESS <b>Rita Wiedefeld 900 E. Biddle St</b>		

correct age is important. Physicians, please write the causes of death clearly and legibly.



345  
52 7484BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7484  
Registered No.BIRTH NO. *London*1. NAME OF DECEASED  
(Type or Print)*MARY**Stallings*2. DATE  
OF  
DEATH

AUG 10 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)  
*JOHNS HOPKINS HOSPITAL*4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
a. STATE *S. C.* b. COUNTY *V-37*c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Charleston*d. STREET ADDRESS (If rural, give location)  
*5 YEAMANS AVE*

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

*female*

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*S.*

8. DATE OF BIRTH

*4-24-52*9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.*3 + 26*

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*S. C.*12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

*William Stallings*

14. MOTHER'S MAIDEN NAME

*Catherine Parsons*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT *JOHNS HOPKINS HOSPITAL* ADDRESS18. *754.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) .....

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

INTERVAL BETWEEN  
ONSET AND DEATH*4 months*II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

*Aug 9, 1952*

19b. MAJOR FINDINGS OF OPERATION

*Truncus Arteriosus*

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-7-*, 1952 to *8-10-*, 1952 that I last saw the deceased alive on *8-10-*, 1952, and that death occurred at *4:25 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE

*Harold Kay, M.D.*

23b. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23c. DATE SIGNED

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

*8/10/52*

24c. NAME OF CEMETERY OR CREMATORY

*Staten Island Home Char. Int. N. C.*

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Carl B. M. Burtin Funeral Home*

ADDRESS

*406 E. 25th St. Balt-18 Md*

VS 150

1917 52

DEPARTMENT OF HEALTH

1917 52

CERTIFICATE OF DEATH

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52 7485

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7485  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>EDNA MARY HUGHES</b>			2. DATE OF DEATH <b>AUG 9 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>			C. CITY OR TOWN <b>BALTIMORE</b> (If outside corporate limits, write RURAL and give township) <b>5300</b>		
c. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>7418 WINDSOR MILL ROAD</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>JUNE 8, 1904</b>	9. AGE (In years last birthday) <b>48</b>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MARYLAND (Baltimore)</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>ARTHUR LEGO</b>			14. MOTHER'S MAIDEN NAME <b>ADA ARNOLD</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <b>213-03-8284</b>	17. INFORMANT ADDRESS <b>Roy M. Hughes-7418 Windsor Mill Rd.</b>		

18. <b>199.9</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Generalized Carcinomatosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

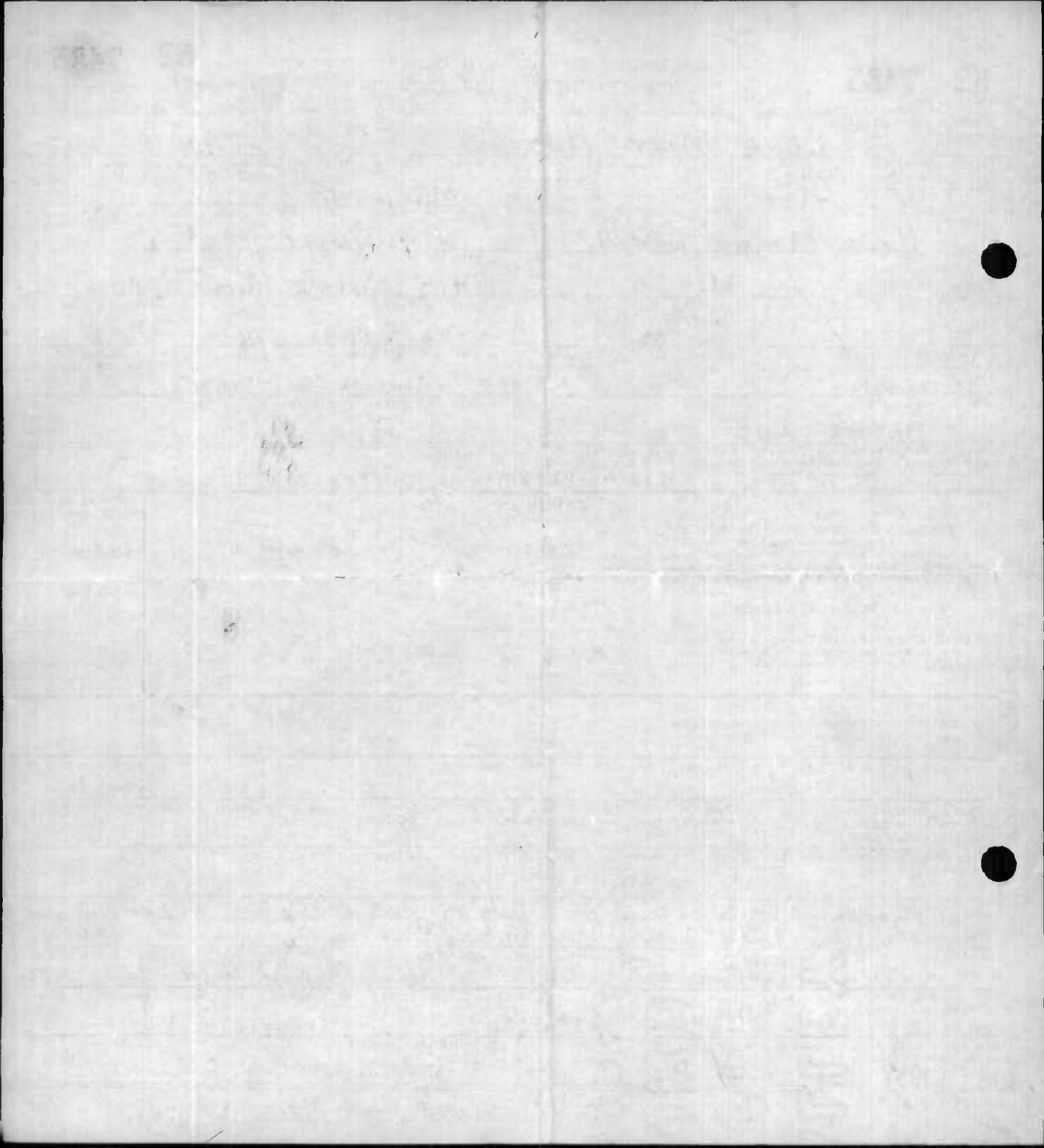
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **July 14 1952**, to **Aug 9 1952**, that I last saw the deceased alive on **Aug 9 1952** and that death occurred at **7:40 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **William A. Cracraft** M. D. 23B. ADDRESS **Union Memorial Hosp** 23C. DATE SIGNED **Aug 9 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Aug. 12, 1952** 24C. NAME OF CEMETERY OR CREMATORY **Druid Ridge** 24D. LOCATION (City, town, or county) (State) **Pikesville Md.**

DATE RECEIVED BY LOCAL REGISTRAR **AUG 11 1952** REGISTRAR'S SIGNATURE **Huntington Williams M.D.** 25. FUNERAL DIRECTOR ADDRESS **Ellsworth Armacost Ellsworth Armacost**



210  
52 7486BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7486  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Saul L. Joseph</i>			2. DATE OF DEATH <i>8/9/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital of Baltimore, Inc.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-09</i>		
D. STREET ADDRESS (if rural, give location) <i>3820 Norfolk Ave</i>			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan, 16, 1897</i>	9. AGE (In years last birthday) <i>55</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Attorney At Law</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Joseph Joseph</i>			14. MOTHER'S MAIDEN NAME <i>Ida ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>Valid war 1</i>		
17. INFORMANT <i>Mrs Ann Joseph</i>			ADDRESS <i>3820 Norfolk Ave</i>		
18. <i>204.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Lymphocytic Leukemia</i>			INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive Cardiovascular disease.</i>					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
21. DATE OF OPERATION <i>8/3/52</i>			22. MAJOR FINDINGS OF OPERATION <i>Benign Prostatic Hypertrophy.</i>		
23. DATE OF OPERATION <i>8/3/52</i>			24. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			26. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			28. HOW DID INJURY OCCUR?		
29. TIME (Month) (Day) (Year) (Hour) OF INJURY			30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
31. I hereby certify that I attended the deceased from <i>8/2</i> , 1952, to <i>8/9</i> , 1952, that I last saw the deceased alive on <i>8/9</i> , 1952, and that death occurred at <i>7:45 p.m.</i> , from the causes and on the date stated above.					
32. SIGNATURE <i>Francisco Martinez Alvarez</i>			33. ADDRESS <i>Sinai Hospital</i>		
34. DATE SIGNED <i>8/10/52</i>					
35. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			36. DATE <i>Aug 11, 1952</i>		
37. NAME OF CEMETERY OR CREMATORY <i>Beth Tfiloh Cemetery</i>			38. LOCATION (City, town, or county) (State) <i>Windsor Mill Road Balto, MD</i>		
39. DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 11 1952</i>			40. REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>		
41. FUNERAL DIRECTOR <i>Sol. Silvermont</i>			42. ADDRESS <i>1126 W North Ave</i>		

3247

Sc

STATE OF TEXAS

1900



52 7487

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7487

BIRTH NO. *Non Res.*1. NAME OF DECEASED  
(Type or Print)

LINDA TROVATO

2. DATE  
OF  
DEATH

Aug. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

MARYLAND

COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

MERCY HOSPITAL

C. CITY (If outside corporate limits, write RURAL and give  
township)

BALTIMORE

3-02

O. STREET ADDRESS (If rural, give location)

208 S. High Street #2 Balt. Md.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

July 23 1952

9. AGE (In years  
last birthday)11 Under 1 Year  
Months: Days

18

11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Philadelphia Pennsylvania

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

- unknown

14. MOTHER'S MAIDEN NAME

Erminia Trovato

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Erminia Trovato (Mother) 208 S. High St. ✓

18. 764.0 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Severe Dehydration

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Vomiting &amp; Diarrhea, etiology, unknown

DUE TO

(C)

19 days.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 8-9, 1952, to 8-10, 1952, that I last saw the  
deceased alive on 8-10, 1952, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Martina Trovato - Cortez M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

8-10-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 11 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd. Balt. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Joseph Della Voce

322 S. High St.

AUG 11 1952

VS 150

MEDICAL CERTIFICATION

LE, 3205

350

52 7488

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7488  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EARLE STONE

2. DATE  
OF  
DEATH

August 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Baltimore City Hospitals

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX  
male6. COLOR OR RACE  
white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
MARRIED10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

CHAUFFEUR

10B. KIND OF BUSINESS OR  
INDUSTRY

GAS + OIL

13. FATHER'S NAME

BENJAMIN WHITLEY STONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

YES WORLDWART II

16. SOCIAL  
SECURITY NO.

216-052160

17. INFORMANT

MRS. EVELYN STONE

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

THERSEA ZAMENACK

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R S Fisher

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
M.D. MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED  
August 9, 195224A. BURIAL, CREMA-  
TION REMOVAL (Specify)

BURIAL

24B. DATE

8-12-52

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL

24D. LOCATION (City, town, or county)

BALTIMORE MD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Raymond C. Link

VS 151

MEDICAL CERTIFICATION

correct age is important. Physicians: please write the causes of death clearly and legibly.

R. C. Davis

420

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7489  
Registered No.52 7489  
BIRTH NO.1. NAME OF DECEASED  
(Type or Print)

LARRY Black

2. DATE  
OF  
DEATH

AUG 10 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Pa.

V-35

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Mc. Connellsburg

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

3-1-49

9. AGE (In years last birthday)

3

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Penn

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Robert Black

14. MOTHER'S MAIDEN NAME

Martha Kendall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 193X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

medulloblastoma

3 months

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-9-52.

19B. MAJOR FINDINGS OF OPERATION

tissue removed for biopsy. ventriculogram

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-5-1952 to 8-10-1952 that I last saw the deceased alive on 8-10-1952 and that death occurred at 11:35 P.M. from the causes and on the date stated above.

23A. SIGNATURE

J. M. Owen

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Aug 14-52

24C. NAME OF CEMETERY OR CREMATORY

Union Cemetery

24D. LOCATION (City, town, or county) (State)

Mc. Connellsburg Pa.

DATE RECEIVED BY LOCAL REGISTRAR

AUG 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, MD.

25. FUNERAL DIRECTOR

J. F. Elmer - Sons Rustertown Md

ADDRESS

0195207480

CR 52

CERTIFICATE OF DEATH

STATE OF NEW YORK

1952

DECEASED

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Health Officer

Signature of County Clerk

Signature of Mayor

Signature of Town Supervisor

Signature of Village Supervisor

Signature of Ward Supervisor

Signature of Precinct Supervisor

253

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7490

Registered No.

52 7490  
BIRTH NO. 52-18123

1. NAME OF DECEASED (Type or Print) <i>Gregory William Rosendale</i>		2. DATE OF DEATH <i>Aug 10 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balto</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hospital for the Women of Md</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Glyndon 5300</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>12 Butler Road</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>	8. DATE OF BIRTH <i>Aug 8, 1952</i>
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) <i>Infant</i>		10B. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <i>2</i>
11. BIRTHPLACE (State or foreign country) <i>Balto - Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13. FATHER'S NAME <i>Leo Bernard Rosendale</i>		14. MOTHER'S MAIDEN NAME <i>Laura Elizabeth Fritz</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Leo G. Rosendale - 12 Butler Rd. Glyndon Md</i>		ADDRESS _____	

18. <i>491X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>BRONCHOPNEUMONIA</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 HRS.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>7</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Aug 8, 1952</i> to <i>Aug 10, 1952</i> , that I last saw the deceased alive on <i>Aug 10, 1952</i> and that death occurred at <i>4:20</i> p.m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Robert R. Zaczek</i>		23B. ADDRESS <i>Hosp. for the Women of Md. No</i>		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Crem</i>	24B. DATE <i>Aug 11-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Fairview</i>	24D. LOCATION (City, town, or county) <i>Canoll Co</i>	(State)
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 11 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	25. FUNERAL DIRECTOR <i>J. F. Elmer - Sons Rustertown Md</i>		

VS 150 19520007487

0000 52

WILLIAM

1875

1875

1875

1875

1875

1875

500

52 7491

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7491  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Kean, Miss Estelle</i>			2. DATE OF DEATH <i>Aug 8, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home &amp; Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Catonsville 5352</i>		
C. Length of stay in Baltimore <i>69 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>Daughters of Eucharist Home</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>12/18/1883</i>		9. AGE (In years last birthday) <i>69</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>James Kean</i>			14. MOTHER'S MAIDEN NAME <i>Sarah Levering</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Hospital Records</i>		

18. <i>150x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>CARCINOMA of Esophagus</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>8 Months</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) _____ DUE TO	
	(C) _____	

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>8/8/52</i>	19B. MAJOR FINDINGS OF OPERATION <i>CANCER INVOLVING Esophagus &amp; Upper Stomach</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? <i>In Baltimore City, give exact location</i>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>7/31</i> , 19 <i>52</i> , to <i>8/8</i> , 19 <i>52</i> ; that I last saw the deceased alive on <i>8/8</i> , 19 <i>52</i> and that death occurred at <i>10:20</i> pm., from the causes and on the date stated above.		
23A. SIGNATURE <i>L. Reed Carroll</i> M. D.	23B. ADDRESS <i>Church Home &amp; Hospital</i>	23C. DATE SIGNED <i>8/8/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8-11-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Peter's</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 11 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	25. FUNERAL DIRECTOR <i>George P. Foley</i>	ADDRESS <i>Catonsville Md.</i>



260  
52 7492BALTIMORE CITY HEALTH DEPARTMENT.  
CERTIFICATE OF DEATH

52 7492

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Fannie Dugger

2. DATE  
OF  
DEATH

Aug 9 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Cal 4

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

c. Length of stay in Baltimore

JOHNS HOPKINS HOSPITAL

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Middle River

D. STREET ADDRESS (If rural, give location)

Stobewell Ave 5354

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-1-1867

9. AGE (in years  
last birthday)

85

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Over

14. MOTHER'S MAIDEN NAME

Bessie

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Thrombosis right middle cerebral artery

8 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Hypertensive arteriosclerotic cardiac-  
vascular disease

2 1/2 years.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Terminal aspiration pneumonia

2 hrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-9, 1952, to 8-9, 1952 that I last saw the  
deceased alive on 8-9, 1952 and that death occurred at 5:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Richard W. Teeler M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24E. FUNERAL DIRECTOR

24F. ADDRESS

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 11 1952

Huntington Williams, M.D. Mrs. Poff G. Elliott &amp; Daugherty

VS 150

1129 N. Caroline St.

MEDICAL CERTIFICATION

SP-7 15

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

SP-7 15

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Time of death	
6. Place of death		7. Cause of death		8. Manner of death		9. Signature of physician		10. Signature of registrar	
11. Signature of informant		12. Signature of witness		13. Signature of physician		14. Signature of registrar		15. Signature of informant	
16. Signature of witness		17. Signature of physician		18. Signature of registrar		19. Signature of informant		20. Signature of witness	
21. Signature of physician		22. Signature of registrar		23. Signature of informant		24. Signature of witness		25. Signature of physician	
26. Signature of registrar		27. Signature of informant		28. Signature of witness		29. Signature of physician		30. Signature of registrar	
31. Signature of informant		32. Signature of witness		33. Signature of physician		34. Signature of registrar		35. Signature of informant	
36. Signature of witness		37. Signature of physician		38. Signature of registrar		39. Signature of informant		40. Signature of witness	
41. Signature of physician		42. Signature of registrar		43. Signature of informant		44. Signature of witness		45. Signature of physician	
46. Signature of registrar		47. Signature of informant		48. Signature of witness		49. Signature of physician		50. Signature of registrar	
51. Signature of informant		52. Signature of witness		53. Signature of physician		54. Signature of registrar		55. Signature of informant	
56. Signature of witness		57. Signature of physician		58. Signature of registrar		59. Signature of informant		60. Signature of witness	
61. Signature of physician		62. Signature of registrar		63. Signature of informant		64. Signature of witness		65. Signature of physician	
66. Signature of registrar		67. Signature of informant		68. Signature of witness		69. Signature of physician		70. Signature of registrar	
71. Signature of informant		72. Signature of witness		73. Signature of physician		74. Signature of registrar		75. Signature of informant	
76. Signature of witness		77. Signature of physician		78. Signature of registrar		79. Signature of informant		80. Signature of witness	
81. Signature of physician		82. Signature of registrar		83. Signature of informant		84. Signature of witness		85. Signature of physician	
86. Signature of registrar		87. Signature of informant		88. Signature of witness		89. Signature of physician		90. Signature of registrar	
91. Signature of informant		92. Signature of witness		93. Signature of physician		94. Signature of registrar		95. Signature of informant	
96. Signature of witness		97. Signature of physician		98. Signature of registrar		99. Signature of informant		100. Signature of witness	

52 7493

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7493

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Daniel G. Rice.

2. DATE  
OF DEATH

August 10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission)

STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Silver Springs, Md.

D. STREET ADDRESS (If rural, give location)

8402 Galveston Rd. Group 1945-30

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/10/1892

9. AGE (In years)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Int. Rev. Inc. Tax.

13. FATHER'S NAME

John R. Rice

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Florence Rice; - Same. -

18. 157X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ca of Pancreas.

DUE TO

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Metastasis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8/8/52, 19, to 8/10/52, 19, that I last saw the deceased alive on 8/10/52, 19, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 11 1952

Huntington Williams, 10000 Dredg 9 St 12 Ga Ave NW

VS 150

39091

MEDICAL CERTIFICATION

correct age is essential; important. In physicians, please write the cause of death clearly and legibly.

3847 52

STANDARD OF DEATH

460.

52 7494

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7494

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Frank A. Miller

2. DATE  
OF  
DEATH

8/9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore 25-41

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3831 Wilkens Ave

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/19/1888

9. AGE (in years  
last birthday)

64

If Under 1 Year If Under 24 Hours

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR  
INDUSTRY

B &amp; O. R.R.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Andrew Miller

14. MOTHER'S MAIDEN NAME

Pauline Treuffer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

Mrs Nellie E. Miller 3831 Ave  
Wilkens

## CAUSE OF DEATH

18. 443X I

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) MASSIVE CEREBRAL

DUE TO HEMORRHAGE

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE CARDIAC

DUE TO URSCULAR DISEASE -

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 8/8, 1952 to 8/9, 1952 that I last saw the  
deceased alive on 8/9, 1952 and that death occurred at 10:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Charles E. Williams, M.D.

23B. ADDRESS

701 Cherry Lane

23C. DATE SIGNED

8/11/52

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

Burial

24B. DATE

8/13/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county) (State)

4300 Old Frederick Rd. Baltimore

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan &amp; Son

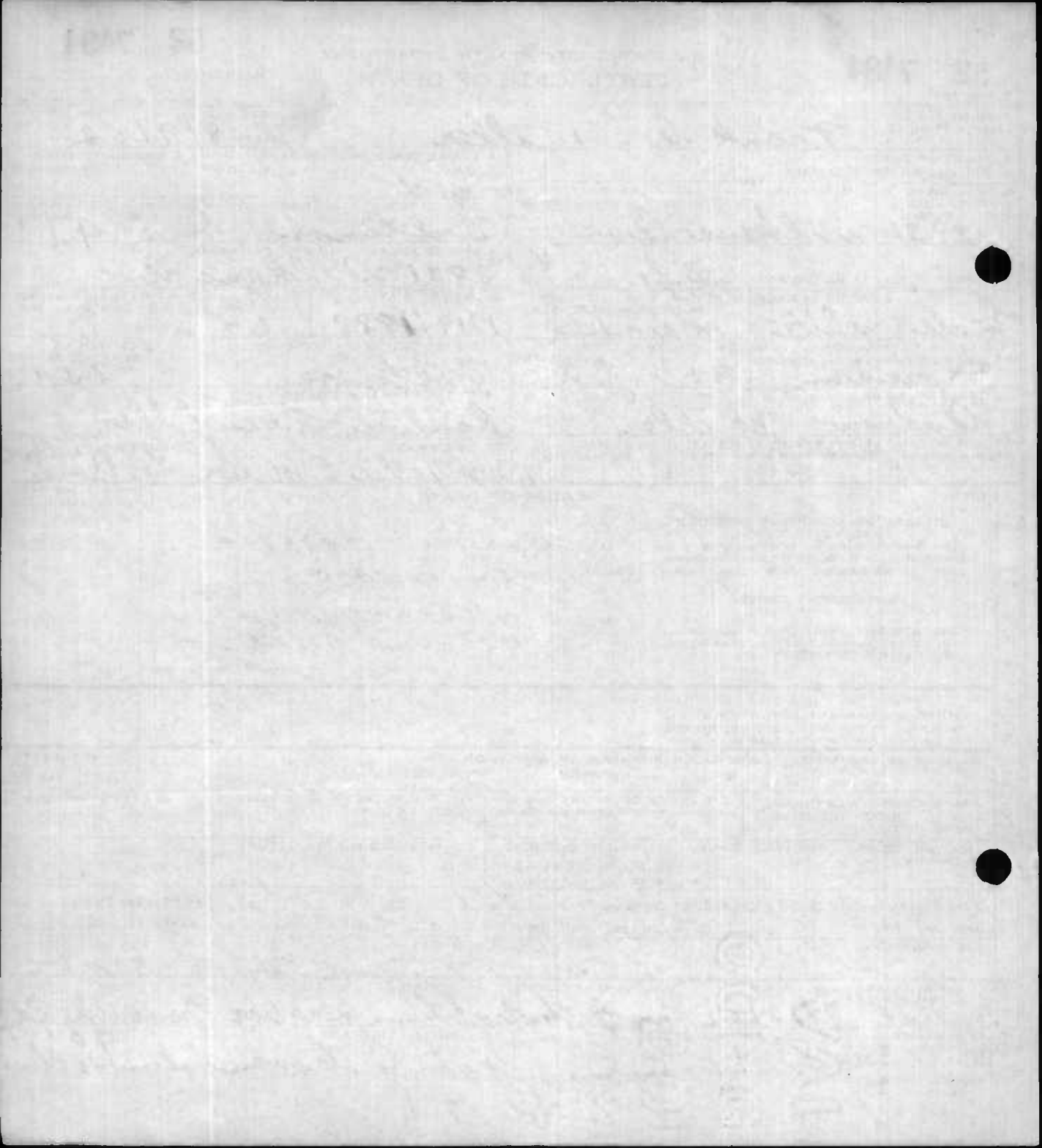
ADDRESS

901 St. Johns

1000 50

RECEIVED BY THE UNITED STATES  
NAVY DEPARTMENT

1000 50



52 7495

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7495

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Estella Taylor

2. DATE  
OF  
DEATH

Aug 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1140 N. Gilmore St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-03

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1140 N. Gilmore St

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

April 25, 1881

9. AGE (In years  
last birthday)

71

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Home wife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Cunningham

14. MOTHER'S MAIDEN NAME

Elizabeth Howard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Daniel Taylor 1140 N. Gilmore St

18. 174X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Uterus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to 8-7-, 1952, that I last saw the  
deceased alive on 8-7-, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 11 1952

Huntington Williams, M.D.

George S. Nelson



52 7496

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 7496

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Samuel S. Rheubottom, Jr.</i>		2. DATE OF DEATH <i>Aug. 10, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived or institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1366 N. Stockton St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-01</i>	
c. Length of stay in Baltimore <i>11</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1366 N. Stockton St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept. 8, 1905</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chaupeur</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Bldg. Supply</i>	9. AGE (In years last birthday) <i>47</i>
11. BIRTHPLACE (State or foreign country) <i>Carroll Co. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Samuel S. Rheubottom, Sr.</i>		14. MOTHER'S MAIDEN NAME <i>Malbie Crooms</i> ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>702 "D" St. N.E. Wash. D.C.</i>	

18. *002X*

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Pulmonary T.B.C.*  
DUE TO*2 yrs.*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_  
DUE TO  
(C) \_\_\_\_\_

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May*, 1951, to *Aug 10, 1952* that I last saw the deceased alive on *Aug 10, 1952* and that death occurred at *10 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE *J. D. Lee*23B. ADDRESS *934 - N. Broadway*23C. DATE SIGNED *Aug 11/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *Aug. 14, 1952*24C. NAME OF CEMETERY OR CREMATORY *White Rock*24D. LOCATION (City, town or county) (State) *Carroll Co. Md.*DATE RECEIVED BY LOCAL REGISTRAR *AUG 11 1952*REGISTRAR'S SIGNATURE *Huntington Williams*25. FUNERAL DIRECTOR *Funeral Home*ADDRESS *1631 Druid Hill Ave.*



650  
52 7497BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 7497

1. NAME OF DECEASED (Type or Print) <b>ANNA BROWN</b>		2. DATE OF DEATH <b>8/8/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>610 N. Fremont Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 16-01</b>	
D. STREET ADDRESS (If rural, give location) <b>610 N. Fremont Ave.</b>		E. LENGTH OF STAY IN BALTIMORE <b>20</b> Yrs. Mos. Days	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>July 10, 1898</b>
9. AGE (in years last birthday) <b>54</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>	
11. BIRTHPLACE (State or foreign country) <b>Ellicott City, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Young</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>Informant</b>	
17. ADDRESS <b>608 N. Fremont Ave.</b>			

18. **470.0 and 260x**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **ARTERIO SCLEROTIC +**  
DUE TO **Hyper tensive Heart Disease**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_  
DUE TO \_\_\_\_\_  
(C) \_\_\_\_\_

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**DIABETES MELLITUS ; Obesity**

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
**8/10/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

15-2007

CERTIFICATE OF DEATH

15-2007

8/18/21

Brown

John

John Brown  
Hypertension  
Pulmonary

Heart Failure; Obesity

52 7498

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7498  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Nicholas BRAVAS

2. DATE  
OF  
DEATH

8/7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

md

Baltimore City

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

20-04

D. STREET ADDRESS (If rural, give location)

2218 Frederick Ave

c. Length of stay in Baltimore

5 years

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1915

9. AGE (In years  
last birthday)

36

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Truck Driver

10B. KIND OF BUSINESS OR  
INDUSTRY

Bugel Laundry

11. BIRTHPLACE (State or foreign country)

Mass. (Grafton)

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Tony BRAVAS

14. MOTHER'S MAIDEN NAME

Penelope

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

212-2820-57

17. INFORMANT

ADDRESS

Wife Angeliki Brava Same

18. 416x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Pulmonary Embolism

inst.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Auricular Fibrillation &amp; Congestive failure 7 months

DUE TO

(C)

Rheumatic Heart Disease

19 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONCOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2, 1952 to 8-7, 1952, that I last saw the  
deceased alive on 8-1, 1952, and that death occurred at 5:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Donald A. Waffel

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

8-7-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

August 11, 52

24C. NAME OF CEMETERY OR CREMATORY

Greek Orthodox

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lambros Funeral Home Inc.

440 East North Ave.

VS 150

01952683807498

MEDICAL CERTIFICATION

correct age is especially important - any mistake may prevent proper burial



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7499  
Registered No.52 7499  
BIRTH NO. 51-00313

1. NAME OF DECEASED (Type or Print) <i>Frank Ballard</i>			2. DATE OF DEATH <i>8-8-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-01</i>		
5. LENGTH OF STAY IN BALTIMORE <i>1</i> Yrs. <i>5</i> Mos. <i>5</i> Days			6. STREET ADDRESS (If rural, give location) <i>1025 W. Tawale St.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>1-2-51</i>	9. AGE (in years last birthday) <i>1</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Balto.</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Frank Ballard</i>			14. MOTHER'S MAIDEN NAME <i>Theresa Witt</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mother</i>			ADDRESS <i>1025 W. Tawale St.</i>		

18. <i>492x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Acute Bronchial Pneumonia (aspirating)</i> DUE TO (B) <i>Meningitis</i> DUE TO (C) <i>Bi lateral Pneumonitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>29 hrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Necrosis of the Adrenals</i>			

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>8-7</i> , 19 <i>52</i> to <i>8-8</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>8-8</i> , 19 <i>52</i> and that death occurred at <i>7:10 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. Morris M. Moore Sr.</i>		23B. ADDRESS <i>1369 N. Carey St.</i>		23C. DATE SIGNED <i>8-11-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>MT. AUBURN CEMETERY</i>		24D. LOCATION (City, town, or county) (State)	

DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 11 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>William A JACKSON</i>	ADDRESS <i>916 PENNSYLVANIA AVENUE</i>
---	--	--	---

0017

92

0017

92

52 7500

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7500  
Registered No.1. NAME OF DECEASED  
(Type or Print)

Honorina G. Simmonds

2. DATE  
OF  
DEATH

8-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Harford

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

The Gundry Sanitarium

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Joppa

D. STREET ADDRESS (If rural, give location)

Handful

C. Length of stay in Baltimore

Yrs.  
Mos.  
12 Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

SEPT 14 1875

9. AGE (In years  
last birthday)

76

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR  
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

OSWEGO, N.Y.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Casimir di Ginesi

14. MOTHER'S MAIDEN NAME

MARIANNE E. Sardy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

Miss Gene Simmonds

ADDRESS  
Handful, Joppa, Md

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

1 hr

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Arteriosclerotic cardiovascular  
diseases with valvular involvement

DUE TO

years

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.(C) Several previous attacks of coronary  
thrombosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1952, to August 8, 1952, that I last saw the  
deceased alive on August 8, 1952, and that death occurred at 3:20 m., from the causes and on the date stated above.

23A. SIGNATURE

Richard K. Gundry

23B. ADDRESS

M. D. The Gundry Sanitarium, A. H. Baltimore, Md.

23C. DATE SIGNED

8-8-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 11 1952

Huntington Williams, M.D.

Howard K. Williams, Son

19520 Abilene, Tex

